Filing at a Glance

Company:	BlueCross BlueShield of Tennessee
Product Name:	BlueCross Bronze, BlueCross Silver, BlueCross Gold, BlueCross Platinum, BlueCross MSP PPO Plan
State:	Tennessee
TOI:	H16I Individual Health - Major Medical
Sub-TOI:	H16I.005A Individual - Preferred Provider (PPO)
Filing Type:	Rate
Date Submitted:	05/03/2013
SERFF Tr Num:	BCTN-129006109
SERFF Status:	Pending Industry Response
State Tr Num:	H-130570
State Status:	Reviewed - Pending Actuary
Co Tr Num:	
Implementation Date Requested:	01/01/2014
Author(s):	Alisa Swann, Christina Hart
Reviewer(s):	Vicky Stotzer (primary), Brian Hoffmeister, Melissa Merritt, Art Lucker
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

I HIX rates
B01
individual health insurance exchange rates

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Alisa Swann

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Tennessee is the state of domicile
Market Type: Individual
Individual Market Type: Individual
Filing Status Changed: 05/28/2013
State Status Changed: 05/06/2013
Created By: Alisa Swann
Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: Some of these policy forms are intended to be sold on the Tennessee Federally Facilitated Exchange

Filing Description:

Rate filingfor Individual Plans to be sold on the Tennessee Federally Facilitated Exchange (MarketPlace), for outside the Tenessee Federally Facilitated Exchage (Non-Marketplace) and on the Office of Personnel Management Multi-State Plan Program. Forms are being filed in separate filings - being submitted at the same time.

The SERFF tracking numbers for the form filings are:
Forms for all silver plans (including the cost sharing variations) are in filing BCTN-129004725
Forms for all bronze, gold, and platinum plans are in filing BCTN-129004734

Company and Contact

Filing Contact Information

Alisa Swann, Manger, Actuarial
1 Cameron Hill Circle
Bldg 1.3 Actuarial
Chattanooga, TN 37402

Alisa_Swann@BCBST.com
423-535-5971 [Phone]

Filing Company Information

BlueCross BlueShield of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402
(423) 535-5600 ext. [Phone]

CoCode: 54518
Group Code: 3498
Group Name:
FEIN Number: 62-0427913

State of Domicile: Tennessee
Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: Tennessee **Filing Company:** BlueCross BlueShield of Tennessee
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: BlueCross Bronze, BlueCross Silver, BlueCross Gold, BlueCross Platinum, BlueCross MSP PPO Plan
Project Name/Number: /

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Company Response	Art Lucker	05/28/2013	05/28/2013

Response Letters

Responded By	Created On	Date Submitted

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Unified Rate Review Template	Alisa Swann	06/05/2013	06/05/2013
Supporting Document	Plan Benefit Template	Alisa Swann	05/23/2013	05/23/2013
Supporting Document	Business Rules Template	Alisa Swann	05/14/2013	05/14/2013
Supporting Document	Plan Benefit Template	Alisa Swann	05/14/2013	05/14/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Templates	Note To Filer	Vicky Stotzer	05/10/2013	05/10/2013

State: *Tennessee* **Filing Company:** *BlueCross BlueShield of Tennessee*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *BlueCross Bronze, BlueCross Silver, BlueCross Gold, BlueCross Platinum, BlueCross MSP PPO Plan*
Project Name/Number: */*

Objection Letter

Objection Letter Status	Pending Company Response
Objection Letter Date	05/28/2013
Submitted Date	05/28/2013
Respond By Date	06/17/2013

Dear Alisa Swann,

Introduction:

I have reviewed your filing and conclude the above referenced submission cannot be approved for use in the State of Tennessee for the following reasons:

Objection 1

- Actuarial Memorandum and Certifications (Supporting Document)

- Unified Rate Review Template (Supporting Document)

Comments: INS has been engaged by the Tennessee Department of Commerce and Insurance to review the material filed in support of the subject rate filing. Based on our continuing review, we have identified certain aspects of the filing which require clarification and /or additional information; these items are discussed below. Upon receipt of the requested information, we will continue our review of the subject filing.

1. The URRT does not appear to include all Plans, e.g., no Gold or Platinum Plans. Please send a revised URRT which includes all Plans offered.

2. The Incurred Claims in Experience Period in Worksheet 1 of the URRT do not match the Incurred (Paid) Amounts of Claims Coverage 1/1/2012 through 12/31/2012 on Page 5 of the Actuarial Memorandum, although the Allowed Claims in Worksheet 1 of the URRT do match the Allowed Amounts of Claims for Coverage 1/1/2012 through 12/31/2012 on Page 5 of the Actuarial Memorandum. Please reconcile the Incurred Claims numbers.

3. Please confirm that Allowed Claims include claims for Essential Health Benefits (EHB) as well as benefits other than EHB.

4. Please confirm that the Index Rate of Experience Period PMPM in the URRT includes only allowed claims PMPM for EHB, and excludes claims paid in excess of EHB.

5. Given Points 3 and 4 above, please explain why the Index Rate of Experience Period PMPM in the URRT equals the Allowed Claims PMPM in the URRT.

6. Please describe quantitatively including an Excel spreadsheet the determination of the Popl risk Morbidity factors for each of the Benefit Categories in Worksheet 1 of the URRT, i.e., Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation, and Prescription Drug.

7. Please describe quantitatively, including an Excel spreadsheet the determination of Other factors for each of the Benefit Categories in Worksheet 1 of the URRT, i.e., Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation, and Prescription Drug. Please include the adjustments due to changes in benefits, demographics, and any other impacts.

8. Please describe quantitatively, including an Excel spreadsheet the determination of Experience Period Member Months and Projected Member Months in Worksheet 1 of the URRT.

9. Please describe quantitatively, including an Excel spreadsheet the determination of Projected ACA reinsurance recoveries, net of rein prem, PMPM in Worksheet 1 of the URRT. Also, please describe how that relates to the 10% of claims expense, stated on Page

10 of the Actuarial Memorandum.

10. Please describe quantitatively, including an Excel spreadsheet the determination of the Index Rate for the Projection Period in Worksheet 1 of the URRT.

11. Please split the Administrative Expense Load in Worksheet 1 of the URRT into its component parts, showing the components in dollars, where appropriate, and percentage of premium.

12. In Section II of Worksheet 2 of the URRT, please explain the meaning and source of the Average Current Rate PMPM.

13. On Page 10 of the Actuarial Memorandum, the aggregation of the reinsurance fee, the reinsurance administrative fee and the risk adjustment administrative fee produced an estimate of 2% impact to overall premium. Please describe quantitatively the determination of the 2%.

14. On Page 11 of the Actuarial Memorandum, the Taxes and Fees are shown. Please describe quantitatively the determination of the 6.18% aggregation of these numbers, as shown on Worksheet 1 of the URRT.

15. For each Plan, please provide a screenshot of the input to the Actuarial Value Calculator, and the amount of any adjustments.

16. In Section II of Worksheet 2 of the URRT, please describe how the Average Current Rate PMPM and the Projected Member Months were determined. Also, please explain how the Projected Member Months here is consistent with Projected Member Months on Worksheet 1 of the URRL.

17. Please describe quantitatively, including an Excel spreadsheet the components and calculation of the Anticipated Loss Ratio before and after reinsurance recoveries, and also of the MLR.

18. Please opine in the Actuarial Certification on the appropriateness of the essential health benefit portion of premium upon which advance payment of premium tax credits (APTCs) are based.

19. Please provide the URRT and Tables 2, 3, 4, and 6 in Excel format, showing all formulas and calculations.
20. Please describe quantitatively, including an Excel spreadsheet the calculation of the premium rates for each plan before the area factors and smoking status adjustments are applied.

21. Please explain the rationale for choosing the Medical Trend Used for Rate Development of 8.7% and the Pharmacy Trend Used for Rate Development of 7.5% in Table 2.

22. Please describe quantitatively, including an Excel spreadsheet the derivation of the Modifiers Impacting Pricing Actuarial Value as shown in Table 6.

23. Please describe quantitatively, including an Excel spreadsheet the derivation of the Actuarial Pricing Value for each Plan.

Conclusion:

It is unlawful, in accordance with Section 56-26-102, T.C.A. for you to utilize these forms and/or rates in Tennessee until you receive approval. This is a notice of disapproval. Your filing will be held in suspense for one hundred and twenty (120) days. If no response is

received from you within this time period, your filing will be considered "disapproved" for the above stated reasons. If you have any questions, please phone Victoria Stotzer, primary reviewer, at (615) 741-6259 or through e-mail at victoria.stotzer@tn.gov.

Sincerely,

Art Lucker

State: *Tennessee* **Filing Company:** *BlueCross BlueShield of Tennessee*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *BlueCross Bronze, BlueCross Silver, BlueCross Gold, BlueCross Platinum, BlueCross MSP PPO Plan*
Project Name/Number: */*

Amendment Letter

Submitted Date: 06/05/2013

Comments:

Prior version of URRT had columns missing, this one should be complete.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Unified Rate Review Template
Comments:	URRT submitted as part of the QHP Application is attached.
Attachment(s):	URRT_IU65_AllPlans.pdf
Previous Version	
Satisfied - Item:	*Unified Rate Review Template*
Comments:	
Attachment(s):	*URRT_IU65_AllPlans.pdf*

State: *Tennessee* **Filing Company:** *BlueCross BlueShield of Tennessee*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *BlueCross Bronze, BlueCross Silver, BlueCross Gold, BlueCross Platinum, BlueCross MSP PPO Plan*
Project Name/Number: */*

Amendment Letter

Submitted Date: 05/23/2013
Comments:
5/23/2013: Corrections made to plan and benefit template.

Corrections include the following:

• Changed the OON Ambulance benefit from the standard 50% coinsurance subject to deductible to match the in-network ded/coins percentage for all plans.

• Updated the Hospice benefit on our HSA-eligible plans (B01, B02, B03, B04, S09, S16) – indicated that Hospice is subject to the deductible on the benefits package tab (cell M66) and updated the cost share variances tab to change the In-Network Hospice Benefit from 0% coinsurance (100% coverage) to the standard medical coverage (ded/coins) associated with the plan.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

State: Tennessee **Filing Company:** BlueCross BlueShield of Tennessee
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: BlueCross Bronze, BlueCross Silver, BlueCross Gold, BlueCross Platinum, BlueCross MSP PPO Plan
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	Plan Benefit Template
Comments:	Attached is the Plan Benefit Template. We had to mark the plan designs as unique in order to get them to validate, however none of the plans are actually unique. Screenshots of the AV calculator have been provided to demonstrate they are not actuaklly unique. PDF files of the screenshots are included with the binder submission (BCTN-TN14-125000793). The Template has been divided into three PDF files due to size restrictions for uploading files into SERFF.
Attachment(s):	PlanBenefitTemplate_SERFF_2014-05-16_Formatted_pt1.pdf PlanBenefitTemplate_SERFF_2014-05-16_Formatted_pt2.pdf PlanBenefitTemplate_SERFF_2014-05-16_Formatted_pt3.pdf
Previous Version	
Satisfied - Item:	*Plan Benefit Template*
Comments:	*Attached is the Plan Benefit Template. We had to mark the plan designs as unique in order to get them to validate, however none of the plans are actually unique. Screenshots of the AV calculator have been provided to demonstrate they are not actuaklly unique. PDF files of the screenshots are included with the binder submission (BCTN-TN14-125000793).* *The Template has been divided into three PDF files due to size restrictions for uploading files into SERFF.*
Attachment(s):	*plans_benefits_SERFF_2014-05-07_Pt1.pdf* *plans_benefits_SERFF_2014-05-07_Pt2.pdf* *plans_benefits_SERFF_2014-05-07_Pt3.pdf*

State: *Tennessee* **Filing Company:** *BlueCross BlueShield of Tennessee*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *BlueCross Bronze, BlueCross Silver, BlueCross Gold, BlueCross Platinum, BlueCross MSP PPO Plan*
Project Name/Number: */*

Amendment Letter

Submitted Date: 05/14/2013

Comments:

The Plan Benefit Template and the Business Rules Template have been attached. The Rate Data Template is attached under the "Accident & Health - Individual New Rates" section of the supporting documents.

The Rate Data Template and the Plan Benefit Template were divided into multiple PDF files in order to accomodate the file size limit for uploading into SERFF (15 files for the Rate Data Template, and 3 for the Plan Benefit Template). For the Rate Data Template, a chart is provided for your convenience that outlines which HIOS plan IDs are contained in each of the PDF files of the rate data template. The chart is contained in the file "Plans by HIOS ID.pdf".

Please let me know if you have any furhter questions or concerns.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

State: Tennessee **Filing Company:** BlueCross BlueShield of Tennessee
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: BlueCross Bronze, BlueCross Silver, BlueCross Gold, BlueCross Platinum, BlueCross MSP PPO Plan
Project Name/Number: /

Supporting Document Schedule Item Changes	
Satisfied - Item:	Business Rules Template
Comments:	The Business Rules Template submitted as part of the QHP applciation is attached. The first row are the rules for the Individual plans, and the last two rows are the rules for the two SHOP plans. The primary difference between the Individual and SHOP rules is that the inidivudal plans have tobacco rating, whereas the SHOP plans do not have tobacco rating.
Attachment(s):	RatingBusinessRulesTemplate.pdf

Satisfied - Item:	Plan Benefit Template
Comments:	Attached is the Plan Benefit Template. We had to mark the plan designs as unique in order to get them to validate, however none of the plans are actually unique. Screenshots of the AV calculator have been provided to demonstrate they are not actuaklly unique. PDF files of the screenshots are included with the binder submission (BCTN-TN14-125000793). The Template has been divided into three PDF files due to size restrictions for uploading files into SERFF.
Attachment(s):	plans_benefits_SERFF_2014-05-07_Pt1.pdf plans_benefits_SERFF_2014-05-07_Pt2.pdf plans_benefits_SERFF_2014-05-07_Pt3.pdf

State: *Tennessee* **Filing Company:** *BlueCross BlueShield of Tennessee*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *BlueCross Bronze, BlueCross Silver, BlueCross Gold, BlueCross Platinum, BlueCross MSP PPO Plan*
Project Name/Number: */*

Note To Filer

Created By:

Vicky Stotzer on 05/10/2013 11:23 AM

Last Edited By:

Vicky Stotzer

Submitted On:

05/10/2013 11:23 AM

Subject:

Templates

Comments:

You need to attach a pdf of the benefit templates, the rating rules template and the rate data templates to this filing.
Vicky

State: Tennessee **Filing Company:** BlueCross BlueShield of Tennessee
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: BlueCross Bronze, BlueCross Silver, BlueCross Gold, BlueCross Platinum, BlueCross MSP PPO Plan
Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: review and approval
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
BlueCross BlueShield of Tennessee	New Product	0.000%	0.000%	$0	0	$0	0.000%	0.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								
Policy Holders:								

Rate Review Detail

COMPANY:

Company Name:	BlueCross BlueShield of Tennessee
HHS Issuer Id:	14002
Product Names:	BlueCross Bronze, BlueCross Silver, BlueCross Gold, BlueCross Platinum, BlueCross MSP PPO Plan
Trend Factors:	Rating Factors: Age, Provider Network, Tobacco Status, Region, Cost Sharing/Benefit Design

FORMS:

New Policy Forms:	BlueCross Bronze B01-B06, BlueCross Silver S01-S16, S18, BlueCross Gold G01-G08, BlueCross Platinum P01-P04, BlueCross MSP PPO B04, S09, S12, G08, G11
Affected Forms:	
Other Affected Forms:	

REQUESTED RATE CHANGE INFORMATION:

Change Period:	Annual
Member Months:	512,772
Benefit Change:	
Percent Change Requested:	Min: Max: Avg:

PRIOR RATE:

Total Earned Premium:	
Total Incurred Claims:	
Annual $:	Min: Max: Avg:

REQUESTED RATE:

Projected Earned Premium:	361,807,920.00
Projected Incurred Claims:	270,024,106.00
Annual $:	Min: 68.50 Max: 1,345.64 Avg: 266.82

State: Tennessee **Filing Company:** BlueCross BlueShield of Tennessee
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: BlueCross Bronze, BlueCross Silver, BlueCross Gold, BlueCross Platinum, BlueCross MSP PPO Plan
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Accident & Health - Individual New Rates
Comments:	Attached are the rate templates submitted with the QHP application. The attached PDF file "Plans_by_HIOS_ID" contains a mapping of the HIOS IDs, the plan design associated with the HIOS ID, and the PDF below which contains the rates for that HIOS ID.
Attachment(s):	MSP_rates_template Bronze_Gold.pdf MSP_rates_template Silver.pdf Rate Templates_IU65 Non-Marketplace Bronze.pdf Rate Templates_IU65 Non-Marketplace Gold_1.pdf Rate Templates_IU65 Non-Marketplace Gold_2.pdf Rate Templates_IU65 Non-Marketplace Platinum.pdf RateTemplates_IU65 Marketplace Bronze.pdf RateTemplates_IU65 Marketplace Gold.pdf RateTemplates_IU65 Marketplace Platinum.pdf Rate Templates_IU65 Non-Marketplace Silver_1.pdf Rate Templates_IU65 Non-Marketplace Silver_2.pdf Rate Templates_IU65 Non-Marketplace Silver_3.pdf Rate Templates_IU65 Non-Marketplace Silver_4.pdf Plans_by_HIOS_ID.pdf RateTemplates_IU65 Marketplace Silver_1.pdf RateTemplates_IU65 Marketplace Silver_2.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Accident & Health - Individual Rate Increase
Bypass Reason:	Policy forms provided for in this filing are new to the market, and do not involve a rate increase.
Attachment(s):	
Item Status:	
Status Date:	

State: Tennessee **Filing Company:** BlueCross BlueShield of Tennessee
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: BlueCross Bronze, BlueCross Silver, BlueCross Gold, BlueCross Platinum, BlueCross MSP PPO Plan
Project Name/Number: /

Bypassed - Item:	Actuarial Memorandum A & H Certification - Individual
Bypass Reason:	Actuarial Certification is included in the Actuarial Memorandum (pages 15 - 17)
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter Accident & Health
Comments:	Cover Letter is attached
Attachment(s):	IU65_ReformFiling_CoverLetter_20130429.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Filing Fees
Bypass Reason:	No filing fees required
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Third Party Authorization
Bypass Reason:	No Third Party involvement
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	Filing describes initial rates for new plans, rather than a rate increase.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Attached is the actuarial memorandum from the QHP Application. The actuarial certification is included in the memo.

State: Tennessee **Filing Company:** BlueCross BlueShield of Tennessee
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: BlueCross Bronze, BlueCross Silver, BlueCross Gold, BlueCross Platinum, BlueCross MSP PPO Plan
Project Name/Number: /

Attachment(s):	ActuarialMemo_IU65_Signed.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	URRT submitted as part of the QHP Application is attached.
Attachment(s):	URRT_IU65_AllPlans.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Business Rules Template
Comments:	The Business Rules Template submitted as part of the QHP applciation is attached. The first row are the rules for the Individual plans, and the last two rows are the rules for the two SHOP plans. The primary difference between the Individual and SHOP rules is that the inidivudal plans have tobacco rating, whereas the SHOP plans do not have tobacco rating.
Attachment(s):	RatingBusinessRulesTemplate.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Plan Benefit Template
Comments:	Attached is the Plan Benefit Template. We had to mark the plan designs as unique in order to get them to validate, however none of the plans are actually unique. Screenshots of the AV calculator have been provided to demonstrate they are not actuaklly unique. PDF files of the screenshots are included with the binder submission (BCTN-TN14-125000793). The Template has been divided into three PDF files due to size restrictions for uploading files into SERFF.
Attachment(s):	PlanBenefitTemplate_SERFF_2014-05-16_Formatted_pt1.pdf PlanBenefitTemplate_SERFF_2014-05-16_Formatted_pt2.pdf PlanBenefitTemplate_SERFF_2014-05-16_Formatted_pt3.pdf
Item Status:	
Status Date:	

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	88.56	88.56
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	21	139.46	160.38
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	22	139.46	160.38
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	23	139.46	160.38
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	24	139.46	160.38
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	25	140.02	161.02
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	26	142.81	164.23
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	27	146.15	168.07
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	28	151.60	174.34
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	29	156.06	179.47
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	30	158.29	182.03
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	31	161.64	185.89
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	32	164.99	189.74
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	33	167.07	192.13
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	34	169.31	194.71
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	35	170.42	195.98
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	36	171.54	197.27
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	37	172.65	198.55
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	38	173.77	199.84
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	39	176.00	202.40
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	40	178.23	204.96
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	41	181.58	208.82
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	42	184.79	212.51

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	43	189.25	217.64
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	44	194.83	224.05
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	45	201.39	231.60
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	46	209.20	240.58
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	47	217.98	250.68
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	48	228.02	262.22
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	49	237.92	273.61
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	50	249.08	286.44
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	51	260.10	299.12
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	52	272.23	313.06
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	53	284.50	327.18
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	54	297.75	342.41
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	55	311.00	357.65
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	56	325.37	374.18
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	57	339.87	390.85
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	58	355.35	408.65
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	59	363.02	417.47
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	60	378.50	435.28
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	61	391.89	450.67
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	62	400.68	460.78
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	63	411.70	473.46
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	64	418.25	480.99
14002TN0220001	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	418.25	480.99

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	90.50	90.50
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	21	142.51	163.89
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	22	142.51	163.89
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	23	142.51	163.89
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	24	142.51	163.89
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	25	143.08	164.54
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	26	145.93	167.82
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	27	149.35	171.75
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	28	154.91	178.15
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	29	159.47	183.39
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	30	161.75	186.01
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	31	165.17	189.95
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	32	168.59	193.88
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	33	170.73	196.34
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	34	173.01	198.96
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	35	174.14	200.26
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	36	175.29	201.58
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	37	176.43	202.89
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	38	177.57	204.21
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	39	179.84	206.82
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	40	182.13	209.45
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	41	185.55	213.38
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	42	188.82	217.14

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	43	193.39	222.40
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	44	199.09	228.95
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	45	205.79	236.66
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	46	213.77	245.84
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	47	222.74	256.15
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	48	233.01	267.96
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	49	243.12	279.59
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	50	254.52	292.70
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	51	265.79	305.66
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	52	278.18	319.91
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	53	290.72	334.33
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	54	304.26	349.90
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	55	317.80	365.47
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	56	332.48	382.35
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	57	347.30	399.40
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	58	363.12	417.59
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	59	370.95	426.59
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	60	386.77	444.79
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	61	400.45	460.52
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	62	409.43	470.84
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	63	420.69	483.79
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	64	427.39	491.50
14002TN0220001	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	427.39	491.50

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	95.36	95.36
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	21	150.17	172.70
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	22	150.17	172.70
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	23	150.17	172.70
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	24	150.17	172.70
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	25	150.76	173.37
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	26	153.77	176.84
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	27	157.37	180.98
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	28	163.23	187.71
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	29	168.04	193.25
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	30	170.43	195.99
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	31	174.05	200.16
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	32	177.65	204.30
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	33	179.90	206.89
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	34	182.30	209.65
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	35	183.50	211.03
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	36	184.71	212.42
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	37	185.90	213.79
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	38	187.11	215.18
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	39	189.51	217.94
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	40	191.91	220.70
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	41	195.51	224.84
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	42	198.97	228.82

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	43	203.78	234.35
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	44	209.78	241.25
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	45	216.84	249.37
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	46	225.25	259.04
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	47	234.70	269.91
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	48	245.52	282.35
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	49	256.18	294.61
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	50	268.20	308.43
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	51	280.06	322.07
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	52	293.13	337.10
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	53	306.34	352.29
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	54	320.60	368.69
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	55	334.87	385.10
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	56	350.34	402.89
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	57	365.96	420.85
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	58	382.62	440.01
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	59	390.88	449.51
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	60	407.54	468.67
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	61	421.96	485.25
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	62	431.43	496.14
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	63	443.29	509.78
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	64	450.35	517.90
14002TN0220001	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	450.35	517.90

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	97.24	97.24
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	21	153.13	176.10
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	22	153.13	176.10
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	23	153.13	176.10
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	24	153.13	176.10
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	25	153.74	176.80
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	26	156.81	180.33
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	27	160.48	184.55
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	28	166.45	191.42
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	29	171.36	197.06
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	30	173.80	199.87
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	31	177.49	204.11
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	32	181.16	208.33
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	33	183.45	210.97
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	34	185.90	213.79
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	35	187.12	215.19
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	36	188.36	216.61
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	37	189.58	218.02
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	38	190.81	219.43
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	39	193.25	222.24
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	40	195.70	225.06
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	41	199.37	229.28
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	42	202.90	233.34

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	43	207.80	238.97
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	44	213.93	246.02
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	45	221.13	254.30
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	46	229.70	264.16
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	47	239.34	275.24
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	48	250.37	287.93
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	49	261.24	300.43
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	50	273.49	314.51
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	51	285.60	328.44
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	52	298.92	343.76
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	53	312.39	359.25
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	54	326.93	375.97
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	55	341.49	392.71
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	56	357.26	410.85
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	57	373.19	429.17
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	58	390.18	448.71
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	59	398.60	458.39
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	60	415.60	477.94
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	61	430.30	494.85
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	62	439.95	505.94
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	63	452.05	519.86
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	64	459.25	528.14
14002TN0220001	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	459.25	528.14

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	100.35	100.35
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	21	158.02	181.72
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	22	158.02	181.72
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	23	158.02	181.72
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	24	158.02	181.72
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	25	158.65	182.45
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	26	161.81	186.08
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	27	165.60	190.44
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	28	171.77	197.54
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	29	176.83	203.35
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	30	179.35	206.25
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	31	183.16	210.63
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	32	186.95	214.99
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	33	189.31	217.71
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	34	191.84	220.62
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	35	193.10	222.07
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	36	194.37	223.53
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	37	195.63	224.97
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	38	196.90	226.44
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	39	199.42	229.33
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	40	201.95	232.24
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	41	205.74	236.60
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	42	209.38	240.79

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	43	214.44	246.61
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	44	220.76	253.87
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	45	228.19	262.42
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	46	237.04	272.60
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	47	246.99	284.04
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	48	258.37	297.13
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	49	269.59	310.03
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	50	282.23	324.56
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	51	294.72	338.93
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	52	308.47	354.74
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	53	322.37	370.73
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	54	337.38	387.99
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	55	352.40	405.26
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	56	368.67	423.97
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	57	385.11	442.88
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	58	402.65	463.05
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	59	411.33	473.03
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	60	428.87	493.20
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	61	444.04	510.65
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	62	454.00	522.10
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	63	466.49	536.46
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	64	473.92	545.01
14002TN0220001	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	473.92	545.01

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	102.30	102.30
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	21	161.09	185.25
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	22	161.09	185.25
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	23	161.09	185.25
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	24	161.09	185.25
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	25	161.74	186.00
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	26	164.96	189.70
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	27	168.82	194.14
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	28	175.11	201.38
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	29	180.27	207.31
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	30	182.84	210.27
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	31	186.71	214.72
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	32	190.58	219.17
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	33	192.99	221.94
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	34	195.57	224.91
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	35	196.85	226.38
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	36	198.15	227.87
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	37	199.43	229.34
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	38	200.73	230.84
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	39	203.30	233.80
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	40	205.88	236.76
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	41	209.74	241.20
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	42	213.45	245.47

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	43	218.61	251.40
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	44	225.05	258.81
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	45	232.62	267.51
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	46	241.65	277.90
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	47	251.79	289.56
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	48	263.39	302.90
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	49	274.83	316.05
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	50	287.72	330.88
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	51	300.45	345.52
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	52	314.46	361.63
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	53	328.63	377.92
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	54	343.93	395.52
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	55	359.24	413.13
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	56	375.84	432.22
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	57	392.59	451.48
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	58	410.47	472.04
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	59	419.33	482.23
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	60	437.21	502.79
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	61	452.67	520.57
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	62	462.83	532.25
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	63	475.56	546.89
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	64	483.13	555.60
14002TN0220001	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	483.13	555.60

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	89.87	89.87
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	21	141.52	162.75
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	22	141.52	162.75
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	23	141.52	162.75
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	24	141.52	162.75
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	25	142.09	163.40
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	26	144.92	166.66
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	27	148.31	170.56
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	28	153.83	176.90
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	29	158.37	182.13
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	30	160.62	184.71
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	31	164.03	188.63
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	32	167.42	192.53
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	33	169.54	194.97
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	34	171.81	197.58
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	35	172.94	198.88
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	36	174.08	200.19
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	37	175.20	201.48
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	38	176.34	202.79
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	39	178.60	205.39
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	40	180.86	207.99
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	41	184.26	211.90
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	42	187.52	215.65

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	43	192.05	220.86
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	44	197.71	227.37
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	45	204.36	235.01
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	46	212.29	244.13
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	47	221.20	254.38
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	48	231.39	266.10
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	49	241.44	277.66
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	50	252.76	290.67
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	51	263.94	303.53
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	52	276.26	317.70
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	53	288.71	332.02
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	54	302.15	347.47
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	55	315.60	362.94
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	56	330.18	379.71
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	57	344.89	396.62
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	58	360.60	414.69
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	59	368.38	423.64
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	60	384.09	441.70
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	61	397.68	457.33
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	62	406.59	467.58
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	63	417.78	480.45
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	64	424.43	488.09
14002TN0220001	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	424.43	488.09

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	98.68	98.68
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	21	155.40	178.71
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	22	155.40	178.71
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	23	155.40	178.71
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	24	155.40	178.71
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	25	156.01	179.41
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	26	159.12	182.99
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	27	162.85	187.28
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	28	168.91	194.25
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	29	173.89	199.97
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	30	176.37	202.83
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	31	180.11	207.13
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	32	183.84	211.42
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	33	186.16	214.08
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	34	188.65	216.95
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	35	189.89	218.37
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	36	191.14	219.81
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	37	192.38	221.24
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	38	193.63	222.67
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	39	196.10	225.52
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	40	198.59	228.38
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	41	202.32	232.67
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	42	205.90	236.79

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	43	210.87	242.50
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	44	217.09	249.65
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	45	224.39	258.05
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	46	233.10	268.07
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	47	242.88	279.31
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	48	254.07	292.18
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	49	265.10	304.87
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	50	277.54	319.17
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	51	289.82	333.29
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	52	303.34	348.84
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	53	317.01	364.56
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	54	331.76	381.52
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	55	346.53	398.51
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	56	362.54	416.92
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	57	378.70	435.51
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	58	395.95	455.34
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	59	404.49	465.16
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	60	421.74	485.00
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	61	436.66	502.16
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	62	446.45	513.42
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	63	458.73	527.54
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	64	466.03	535.93
14002TN0220001	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	466.03	535.93

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	143.04	143.04
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	21	225.26	259.05
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	22	225.26	259.05
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	23	225.26	259.05
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	24	225.26	259.05
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	25	226.17	260.10
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	26	230.68	265.28
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	27	236.08	271.49
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	28	244.86	281.59
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	29	252.07	289.88
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	30	255.68	294.03
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	31	261.08	300.24
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	32	266.49	306.46
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	33	269.86	310.34
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	34	273.47	314.49
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	35	275.28	316.57
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	36	277.08	318.64
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	37	278.87	320.70
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	38	280.68	322.78
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	39	284.28	326.92
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	40	287.89	331.07
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	41	293.29	337.28
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	42	298.47	343.24

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	43	305.69	351.54
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	44	314.70	361.91
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	45	325.29	374.08
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	46	337.90	388.59
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	47	352.09	404.90
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	48	368.30	423.55
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	49	384.31	441.96
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	50	402.32	462.67
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	51	420.12	483.14
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	52	439.72	505.68
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	53	459.54	528.47
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	54	480.94	553.08
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	55	502.34	577.69
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	56	525.54	604.37
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	57	548.97	631.32
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	58	573.98	660.08
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	59	586.36	674.31
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	60	611.36	703.06
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	61	633.00	727.95
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	62	647.19	744.27
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	63	664.98	764.73
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	64	675.57	776.91
14002TN0300001	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	675.57	776.91

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	146.16	146.16
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	21	230.19	264.72
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	22	230.19	264.72
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	23	230.19	264.72
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	24	230.19	264.72
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	25	231.11	265.78
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	26	235.72	271.08
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	27	241.24	277.43
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	28	250.22	287.75
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	29	257.58	296.22
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	30	261.26	300.45
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	31	266.78	306.80
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	32	272.31	313.16
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	33	275.76	317.12
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	34	279.45	321.37
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	35	281.29	323.48
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	36	283.13	325.60
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	37	284.97	327.72
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	38	286.81	329.83
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	39	290.50	334.08
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	40	294.18	338.31
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	41	299.70	344.66
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	42	304.99	350.74

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	43	312.37	359.23
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	44	321.57	369.81
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	45	332.40	382.26
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	46	345.29	397.08
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	47	359.78	413.75
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	48	376.35	432.80
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	49	392.70	451.61
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	50	411.11	472.78
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	51	429.30	493.70
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	52	449.33	516.73
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	53	469.58	540.02
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	54	491.45	565.17
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	55	513.32	590.32
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	56	537.03	617.58
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	57	560.96	645.10
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	58	586.52	674.50
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	59	599.18	689.06
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	60	624.72	718.43
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	61	646.83	743.85
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	62	661.33	760.53
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	63	679.51	781.44
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	64	690.34	793.89
14002TN0300001	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	690.34	793.89

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	154.02	154.02
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	21	242.55	278.93
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	22	242.55	278.93
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	23	242.55	278.93
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	24	242.55	278.93
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	25	243.52	280.05
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	26	248.38	285.64
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	27	254.19	292.32
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	28	263.66	303.21
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	29	271.41	312.12
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	30	275.30	316.60
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	31	281.11	323.28
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	32	286.94	329.98
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	33	290.58	334.17
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	34	294.46	338.63
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	35	296.40	340.86
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	36	298.34	343.09
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	37	300.27	345.31
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	38	302.22	347.55
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	39	306.10	352.02
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	40	309.99	356.49
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	41	315.80	363.17
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	42	321.38	369.59

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	43	329.15	378.52
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	44	338.85	389.68
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	45	350.25	402.79
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	46	363.83	418.40
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	47	379.11	435.98
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	48	396.57	456.06
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	49	413.80	475.87
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	50	433.20	498.18
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	51	452.36	520.21
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	52	473.46	544.48
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	53	494.80	569.02
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	54	517.85	595.53
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	55	540.90	622.04
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	56	565.87	650.75
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	57	591.10	679.77
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	58	618.03	710.73
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	59	631.36	726.06
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	60	658.28	757.02
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	61	681.58	783.82
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	62	696.85	801.38
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	63	716.02	823.42
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	64	727.42	836.53
14002TN0300001	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	727.42	836.53

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	157.06	157.06
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	21	247.34	284.44
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	22	247.34	284.44
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	23	247.34	284.44
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	24	247.34	284.44
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	25	248.33	285.58
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	26	253.29	291.28
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	27	259.22	298.10
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	28	268.87	309.20
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	29	276.78	318.30
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	30	280.74	322.85
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	31	286.67	329.67
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	32	292.61	336.50
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	33	296.32	340.77
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	34	300.28	345.32
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	35	302.26	347.60
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	36	304.24	349.88
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	37	306.21	352.14
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	38	308.19	354.42
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	39	312.15	358.97
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	40	316.11	363.53
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	41	322.04	370.35
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	42	327.73	376.89

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	43	335.65	386.00
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	44	345.54	397.37
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	45	357.17	410.75
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	46	371.02	426.67
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	47	386.60	444.59
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	48	404.40	465.06
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	49	421.97	485.27
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	50	441.76	508.02
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	51	461.30	530.50
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	52	482.82	555.24
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	53	504.58	580.27
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	54	528.08	607.29
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	55	551.58	634.32
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	56	577.05	663.61
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	57	602.78	693.20
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	58	630.24	724.78
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	59	643.84	740.42
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	60	671.29	771.98
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	61	695.04	799.30
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	62	710.62	817.21
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	63	730.16	839.68
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	64	741.79	853.06
14002TN0300001	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	741.79	853.06

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	162.08	162.08
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	21	255.25	293.54
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	22	255.25	293.54
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	23	255.25	293.54
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	24	255.25	293.54
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	25	256.27	294.71
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	26	261.38	300.59
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	27	267.50	307.63
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	28	277.45	319.07
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	29	285.62	328.46
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	30	289.70	333.16
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	31	295.82	340.19
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	32	301.96	347.25
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	33	305.78	351.65
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	34	309.87	356.35
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	35	311.91	358.70
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	36	313.96	361.05
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	37	315.99	363.39
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	38	318.03	365.73
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	39	322.12	370.44
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	40	326.21	375.14
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	41	332.33	382.18
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	42	338.20	388.93

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	43	346.37	398.33
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	44	356.58	410.07
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	45	368.58	423.87
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	46	382.87	440.30
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	47	398.95	458.79
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	48	417.32	479.92
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	49	435.45	500.77
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	50	455.87	524.25
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	51	476.03	547.43
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	52	498.24	572.98
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	53	520.70	598.81
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	54	544.95	626.69
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	55	569.20	654.58
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	56	595.49	684.81
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	57	622.03	715.33
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	58	650.37	747.93
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	59	664.40	764.06
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	60	692.73	796.64
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	61	717.24	824.83
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	62	733.32	843.32
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	63	753.49	866.51
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	64	765.49	880.31
14002TN0300001	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	765.49	880.31

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	165.23	165.23
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	21	260.21	299.24
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	22	260.21	299.24
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	23	260.21	299.24
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	24	260.21	299.24
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	25	261.25	300.44
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	26	266.46	306.43
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	27	272.69	313.59
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	28	282.85	325.28
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	29	291.17	334.85
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	30	295.33	339.63
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	31	301.57	346.81
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	32	307.82	353.99
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	33	311.72	358.48
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	34	315.89	363.27
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	35	317.97	365.67
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	36	320.06	368.07
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	37	322.13	370.45
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	38	324.21	372.84
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	39	328.38	377.64
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	40	332.55	382.43
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	41	338.79	389.61
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	42	344.77	396.49

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	43	353.10	406.07
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	44	363.51	418.04
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	45	375.74	432.10
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	46	390.32	448.87
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	47	406.70	467.71
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	48	425.43	489.24
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	49	443.92	510.51
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	50	464.73	534.44
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	51	485.28	558.07
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	52	507.92	584.11
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	53	530.82	610.44
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	54	555.54	638.87
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	55	580.26	667.30
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	56	607.06	698.12
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	57	634.12	729.24
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	58	663.01	762.46
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	59	677.32	778.92
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	60	706.19	812.12
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	61	731.18	840.86
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	62	747.57	859.71
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	63	768.13	883.35
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	64	780.36	897.41
14002TN0300001	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	780.36	897.41

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	145.15	145.15
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	21	228.59	262.88
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	22	228.59	262.88
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	23	228.59	262.88
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	24	228.59	262.88
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	25	229.51	263.94
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	26	234.08	269.19
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	27	239.56	275.49
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	28	248.48	285.75
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	29	255.79	294.16
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	30	259.45	298.37
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	31	264.93	304.67
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	32	270.42	310.98
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	33	273.85	314.93
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	34	277.51	319.14
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	35	279.34	321.24
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	36	281.17	323.35
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	37	282.99	325.44
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	38	284.82	327.54
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	39	288.48	331.75
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	40	292.14	335.96
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	41	297.62	342.26
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	42	302.88	348.31

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	43	310.20	356.73
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	44	319.34	367.24
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	45	330.09	379.60
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	46	342.89	394.32
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	47	357.29	410.88
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	48	373.74	429.80
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	49	389.98	448.48
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	50	408.26	469.50
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	51	426.32	490.27
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	52	446.21	513.14
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	53	466.33	536.28
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	54	488.04	561.25
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	55	509.76	586.22
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	56	533.30	613.30
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	57	557.08	640.64
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	58	582.46	669.83
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	59	595.02	684.27
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	60	620.39	713.45
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	61	642.35	738.70
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	62	656.75	755.26
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	63	674.80	776.02
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	64	685.55	788.38
14002TN0300001	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	685.55	788.38

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	159.38	159.38
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	21	251.00	288.65
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	22	251.00	288.65
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	23	251.00	288.65
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	24	251.00	288.65
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	25	252.00	289.80
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	26	257.03	295.58
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	27	263.05	302.51
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	28	272.84	313.77
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	29	280.87	323.00
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	30	284.89	327.62
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	31	290.90	334.54
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	32	296.93	341.47
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	33	300.69	345.79
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	34	304.71	350.42
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	35	306.72	352.73
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	36	308.73	355.04
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	37	310.73	357.34
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	38	312.74	359.65
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	39	316.76	364.27
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	40	320.78	368.90
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	41	326.80	375.82
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	42	332.57	382.46

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	43	340.61	391.70
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	44	350.65	403.25
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	45	362.45	416.82
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	46	376.51	432.99
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	47	392.31	451.16
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	48	410.38	471.94
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	49	428.21	492.44
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	50	448.28	515.52
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	51	468.11	538.33
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	52	489.95	563.44
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	53	512.04	588.85
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	54	535.89	616.27
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	55	559.73	643.69
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	56	585.58	673.42
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	57	611.68	703.43
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	58	639.55	735.48
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	59	653.35	751.35
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	60	681.21	783.39
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	61	705.31	811.11
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	62	721.12	829.29
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	63	740.95	852.09
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	64	752.75	865.66
14002TN0300001	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	752.75	865.66

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	163.58	163.58
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	21	257.61	296.25
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	22	257.61	296.25
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	23	257.61	296.25
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	24	257.61	296.25
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	25	258.63	297.42
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	26	263.79	303.36
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	27	269.97	310.47
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	28	280.02	322.02
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	29	288.26	331.50
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	30	292.38	336.24
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	31	298.57	343.36
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	32	304.74	350.45
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	33	308.61	354.90
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	34	312.73	359.64
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	35	314.79	362.01
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	36	316.86	364.39
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	37	318.91	366.75
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	38	320.98	369.13
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	39	325.10	373.87
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	40	329.22	378.60
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	41	335.41	385.72
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	42	341.33	392.53

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	43	349.57	402.01
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	44	359.87	413.85
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	45	371.98	427.78
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	46	386.41	444.37
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	47	402.64	463.04
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	48	421.19	484.37
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	49	439.48	505.40
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	50	460.08	529.09
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	51	480.44	552.51
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	52	502.85	578.28
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	53	525.52	604.35
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	54	549.98	632.48
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	55	574.46	660.63
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	56	600.99	691.14
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	57	627.79	721.96
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	58	656.38	754.84
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	59	670.55	771.13
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	60	699.14	804.01
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	61	723.88	832.46
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	62	740.10	851.12
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	63	760.45	874.52
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	64	772.55	888.43
14002TN0300002	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	772.55	888.43

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	167.16	167.16
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	21	263.24	302.73
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	22	263.24	302.73
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	23	263.24	302.73
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	24	263.24	302.73
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	25	264.29	303.93
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	26	269.56	309.99
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	27	275.87	317.25
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	28	286.13	329.05
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	29	294.56	338.74
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	30	298.77	343.59
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	31	305.09	350.85
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	32	311.40	358.11
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	33	315.36	362.66
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	34	319.57	367.51
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	35	321.67	369.92
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	36	323.78	372.35
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	37	325.88	374.76
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	38	327.99	377.19
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	39	332.20	382.03
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	40	336.41	386.87
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	41	342.74	394.15
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	42	348.79	401.11

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	43	357.21	410.79
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	44	367.74	422.90
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	45	380.11	437.13
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	46	394.86	454.09
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	47	411.44	473.16
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	48	430.39	494.95
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	49	449.08	516.44
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	50	470.14	540.66
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	51	490.94	564.58
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	52	513.84	590.92
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	53	537.00	617.55
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	54	562.00	646.30
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	55	587.01	675.06
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	56	614.13	706.25
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	57	641.50	737.73
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	58	670.73	771.34
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	59	685.20	787.98
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	60	714.42	821.58
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	61	739.69	850.64
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	62	756.27	869.71
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	63	777.07	893.63
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	64	789.44	907.86
14002TN0300002	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	789.44	907.86

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	176.14	176.14
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	21	277.38	318.99
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	22	277.38	318.99
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	23	277.38	318.99
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	24	277.38	318.99
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	25	278.48	320.25
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	26	284.04	326.65
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	27	290.69	334.29
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	28	301.51	346.74
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	29	310.38	356.94
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	30	314.82	362.04
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	31	321.48	369.70
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	32	328.13	377.35
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	33	332.30	382.15
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	34	336.73	387.24
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	35	338.95	389.79
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	36	341.17	392.35
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	37	343.39	394.90
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	38	345.61	397.45
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	39	350.05	402.56
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	40	354.49	407.66
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	41	361.15	415.32
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	42	367.53	422.66

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	43	376.40	432.86
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	44	387.49	445.61
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	45	400.53	460.61
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	46	416.07	478.48
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	47	433.54	498.57
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	48	453.51	521.54
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	49	473.20	544.18
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	50	495.39	569.70
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	51	517.31	594.91
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	52	541.44	622.66
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	53	565.85	650.73
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	54	592.19	681.02
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	55	618.55	711.33
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	56	647.12	744.19
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	57	675.97	777.37
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	58	706.76	812.77
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	59	722.01	830.31
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	60	752.79	865.71
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	61	779.43	896.34
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	62	796.90	916.44
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	63	818.81	941.63
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	64	831.84	956.62
14002TN0300002	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	831.84	956.62

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	179.62	179.62
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	21	282.86	325.29
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	22	282.86	325.29
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	23	282.86	325.29
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	24	282.86	325.29
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	25	283.98	326.58
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	26	289.65	333.10
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	27	296.43	340.89
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	28	307.46	353.58
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	29	316.51	363.99
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	30	321.04	369.20
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	31	327.83	377.00
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	32	334.61	384.80
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	33	338.86	389.69
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	34	343.39	394.90
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	35	345.64	397.49
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	36	347.91	400.10
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	37	350.17	402.70
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	38	352.44	405.31
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	39	356.96	410.50
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	40	361.49	415.71
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	41	368.28	423.52
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	42	374.79	431.01

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	43	383.84	441.42
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	44	395.15	454.42
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	45	408.45	469.72
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	46	424.29	487.93
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	47	442.10	508.42
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	48	462.47	531.84
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	49	482.55	554.93
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	50	505.18	580.96
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	51	527.53	606.66
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	52	552.14	634.96
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	53	577.03	663.58
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	54	603.89	694.47
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	55	630.77	725.39
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	56	659.90	758.89
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	57	689.32	792.72
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	58	720.72	828.83
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	59	736.28	846.72
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	60	767.67	882.82
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	61	794.83	914.05
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	62	812.64	934.54
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	63	834.99	960.24
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	64	848.28	975.52
14002TN0300002	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	848.28	975.52

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	185.35	185.35
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	21	291.89	335.67
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	22	291.89	335.67
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	23	291.89	335.67
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	24	291.89	335.67
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	25	293.06	337.02
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	26	298.90	343.74
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	27	305.90	351.79
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	28	317.28	364.87
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	29	326.62	375.61
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	30	331.29	380.98
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	31	338.30	389.05
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	32	345.30	397.10
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	33	349.69	402.14
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	34	354.36	407.51
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	35	356.69	410.19
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	36	359.03	412.88
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	37	361.36	415.56
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	38	363.70	418.26
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	39	368.37	423.63
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	40	373.04	429.00
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	41	380.05	437.06
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	42	386.76	444.77

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	43	396.10	455.52
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	44	407.77	468.94
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	45	421.49	484.71
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	46	437.84	503.52
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	47	456.22	524.65
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	48	477.24	548.83
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	49	497.97	572.67
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	50	521.32	599.52
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	51	544.38	626.04
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	52	569.77	655.24
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	53	595.46	684.78
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	54	623.18	716.66
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	55	650.92	748.56
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	56	680.98	783.13
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	57	711.34	818.04
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	58	743.74	855.30
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	59	759.80	873.77
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	60	792.19	911.02
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	61	820.22	943.25
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	62	838.60	964.39
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	63	861.66	990.91
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	64	875.37	1006.68
14002TN0300002	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	875.37	1006.68

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	188.96	188.96
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	21	297.56	342.19
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	22	297.56	342.19
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	23	297.56	342.19
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	24	297.56	342.19
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	25	298.75	343.56
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	26	304.71	350.42
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	27	311.85	358.63
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	28	323.45	371.97
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	29	332.97	382.92
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	30	337.73	388.39
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	31	344.88	396.61
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	32	352.01	404.81
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	33	356.48	409.95
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	34	361.24	415.43
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	35	363.62	418.16
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	36	366.00	420.90
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	37	368.38	423.64
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	38	370.76	426.37
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	39	375.52	431.85
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	40	380.29	437.33
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	41	387.43	445.54
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	42	394.28	453.42

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	43	403.80	464.37
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	44	415.69	478.04
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	45	429.68	494.13
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	46	446.35	513.30
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	47	465.09	534.85
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	48	486.52	559.50
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	49	507.64	583.79
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	50	531.45	611.17
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	51	554.96	638.20
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	52	580.85	667.98
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	53	607.03	698.08
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	54	635.29	730.58
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	55	663.57	763.11
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	56	694.21	798.34
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	57	725.16	833.93
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	58	758.20	871.93
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	59	774.56	890.74
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	60	807.58	928.72
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	61	836.16	961.58
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	62	854.90	983.14
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	63	878.41	1010.17
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	64	892.39	1026.25
14002TN0300002	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	892.39	1026.25

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	166.00	166.00
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	21	261.41	300.62
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	22	261.41	300.62
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	23	261.41	300.62
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	24	261.41	300.62
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	25	262.45	301.82
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	26	267.69	307.84
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	27	273.96	315.05
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	28	284.15	326.77
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	29	292.52	336.40
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	30	296.70	341.21
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	31	302.98	348.43
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	32	309.24	355.63
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	33	313.17	360.15
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	34	317.35	364.95
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	35	319.44	367.36
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	36	321.54	369.77
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	37	323.62	372.16
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	38	325.72	374.58
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	39	329.90	379.39
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	40	334.08	384.19
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	41	340.36	391.41
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	42	346.37	398.33

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	43	354.74	407.95
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	44	365.19	419.97
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	45	377.48	434.10
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	46	392.12	450.94
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	47	408.58	469.87
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	48	427.41	491.52
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	49	445.97	512.87
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	50	466.88	536.91
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	51	487.53	560.66
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	52	510.27	586.81
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	53	533.28	613.27
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	54	558.11	641.83
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	55	582.95	670.39
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	56	609.87	701.35
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	57	637.06	732.62
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	58	666.08	765.99
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	59	680.46	782.53
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	60	709.46	815.88
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	61	734.57	844.76
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	62	751.03	863.68
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	63	771.69	887.44
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	64	783.97	901.57
14002TN0300002	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	783.97	901.57

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	182.27	182.27
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	21	287.04	330.10
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	22	287.04	330.10
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	23	287.04	330.10
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	24	287.04	330.10
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	25	288.18	331.41
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	26	293.93	338.02
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	27	300.81	345.93
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	28	312.01	358.81
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	29	321.19	369.37
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	30	325.78	374.65
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	31	332.68	382.58
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	32	339.56	390.49
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	33	343.87	395.45
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	34	348.46	400.73
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	35	350.75	403.36
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	36	353.05	406.01
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	37	355.34	408.64
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	38	357.65	411.30
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	39	362.24	416.58
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	40	366.83	421.85
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	41	373.72	429.78
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	42	380.33	437.38

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	43	389.51	447.94
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	44	400.98	461.13
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	45	414.48	476.65
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	46	430.56	495.14
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	47	448.64	515.94
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	48	469.31	539.71
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	49	489.68	563.13
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	50	512.64	589.54
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	51	535.32	615.62
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	52	560.29	644.33
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	53	585.56	673.39
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	54	612.82	704.74
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	55	640.09	736.10
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	56	669.65	770.10
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	57	699.51	804.44
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	58	731.37	841.08
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	59	747.16	859.23
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	60	779.01	895.86
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	61	806.57	927.56
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	62	824.65	948.35
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	63	847.33	974.43
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	64	860.81	989.93
14002TN0300002	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	860.81	989.93

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	112.19	112.19
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	21	176.67	203.17
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	22	176.67	203.17
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	23	176.67	203.17
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	24	176.67	203.17
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	25	177.37	203.98
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	26	180.91	208.05
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	27	185.15	212.92
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	28	192.04	220.85
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	29	197.70	227.36
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	30	200.52	230.60
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	31	204.76	235.47
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	32	209.00	240.35
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	33	211.65	243.40
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	34	214.47	246.64
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	35	215.89	248.27
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	36	217.31	249.91
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	37	218.72	251.53
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	38	220.13	253.15
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	39	222.96	256.40
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	40	225.78	259.65
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	41	230.03	264.53
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	42	234.08	269.19

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	43	239.74	275.70
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	44	246.80	283.82
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	45	255.11	293.38
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	46	265.01	304.76
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	47	276.14	317.56
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	48	288.86	332.19
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	49	301.40	346.61
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	50	315.53	362.86
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	51	329.49	378.91
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	52	344.85	396.58
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	53	360.41	414.47
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	54	377.19	433.77
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	55	393.97	453.07
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	56	412.17	474.00
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	57	430.54	495.12
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	58	450.15	517.67
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	59	459.87	528.85
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	60	479.48	551.40
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	61	496.44	570.91
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	62	507.57	583.71
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	63	521.52	599.75
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	64	529.83	609.30
14002TN0230001	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	529.83	609.30

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	114.64	114.64
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	21	180.53	207.61
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	22	180.53	207.61
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	23	180.53	207.61
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	24	180.53	207.61
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	25	181.25	208.44
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	26	184.86	212.59
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	27	189.20	217.58
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	28	196.24	225.68
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	29	202.02	232.32
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	30	204.90	235.64
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	31	209.24	240.63
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	32	213.57	245.61
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	33	216.28	248.72
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	34	219.16	252.03
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	35	220.61	253.70
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	36	222.05	255.36
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	37	223.50	257.03
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	38	224.94	258.68
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	39	227.83	262.00
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	40	230.71	265.32
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	41	235.05	270.31
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	42	239.20	275.08

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	43	244.98	281.73
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	44	252.20	290.03
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	45	260.68	299.78
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	46	270.80	311.42
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	47	282.17	324.50
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	48	295.17	339.45
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	49	307.98	354.18
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	50	322.43	370.79
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	51	336.69	387.19
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	52	352.39	405.25
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	53	368.28	423.52
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	54	385.43	443.24
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	55	402.58	462.97
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	56	421.18	484.36
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	57	439.95	505.94
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	58	459.99	528.99
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	59	469.92	540.41
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	60	489.96	563.45
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	61	507.29	583.38
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	62	518.66	596.46
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	63	532.92	612.86
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	64	541.41	622.62
14002TN0230001	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	541.41	622.62

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	120.80	120.80
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	21	190.23	218.76
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	22	190.23	218.76
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	23	190.23	218.76
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	24	190.23	218.76
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	25	190.98	219.63
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	26	194.79	224.01
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	27	199.36	229.26
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	28	206.78	237.80
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	29	212.87	244.80
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	30	215.90	248.29
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	31	220.48	253.55
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	32	225.04	258.80
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	33	227.90	262.09
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	34	230.93	265.57
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	35	232.46	267.33
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	36	233.98	269.08
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	37	235.51	270.84
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	38	237.02	272.57
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	39	240.07	276.08
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	40	243.11	279.58
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	41	247.68	284.83
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	42	252.05	289.86

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	43	258.13	296.85
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	44	265.75	305.61
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	45	274.69	315.89
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	46	285.35	328.15
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	47	297.33	341.93
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	48	311.02	357.67
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	49	324.53	373.21
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	50	339.75	390.71
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	51	354.78	408.00
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	52	371.32	427.02
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	53	388.07	446.28
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	54	406.13	467.05
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	55	424.21	487.84
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	56	443.80	510.37
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	57	463.58	533.12
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	58	484.70	557.41
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	59	495.17	569.45
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	60	516.28	593.72
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	61	534.54	614.72
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	62	546.52	628.50
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	63	561.55	645.78
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	64	570.49	656.06
14002TN0230001	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	570.49	656.06

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	123.18	123.18
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	21	193.99	223.09
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	22	193.99	223.09
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	23	193.99	223.09
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	24	193.99	223.09
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	25	194.76	223.97
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	26	198.64	228.44
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	27	203.30	233.80
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	28	210.87	242.50
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	29	217.07	249.63
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	30	220.17	253.20
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	31	224.83	258.55
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	32	229.49	263.91
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	33	232.40	267.26
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	34	235.50	270.83
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	35	237.05	272.61
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	36	238.61	274.40
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	37	240.16	276.18
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	38	241.70	277.96
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	39	244.81	281.53
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	40	247.91	285.10
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	41	252.57	290.46
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	42	257.03	295.58

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	43	263.23	302.71
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	44	271.00	311.65
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	45	280.12	322.14
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	46	290.98	334.63
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	47	303.20	348.68
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	48	317.17	364.75
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	49	330.94	380.58
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	50	346.46	398.43
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	51	361.79	416.06
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	52	378.66	435.46
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	53	395.73	455.09
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	54	414.16	476.28
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	55	432.59	497.48
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	56	452.57	520.46
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	57	472.74	543.65
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	58	494.27	568.41
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	59	504.95	580.69
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	60	526.48	605.45
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	61	545.10	626.87
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	62	557.32	640.92
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	63	572.64	658.54
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	64	581.76	669.02
14002TN0230001	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	581.76	669.02

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	127.12	127.12
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	21	200.18	230.21
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	22	200.18	230.21
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	23	200.18	230.21
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	24	200.18	230.21
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	25	200.98	231.13
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	26	204.98	235.73
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	27	209.80	241.27
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	28	217.60	250.24
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	29	224.01	257.61
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	30	227.20	261.28
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	31	232.02	266.82
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	32	236.82	272.34
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	33	239.82	275.79
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	34	243.02	279.47
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	35	244.62	281.31
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	36	246.23	283.16
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	37	247.83	285.00
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	38	249.42	286.83
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	39	252.63	290.52
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	40	255.83	294.20
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	41	260.64	299.74
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	42	265.24	305.03

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	43	271.64	312.39
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	44	279.65	321.60
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	45	289.06	332.42
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	46	300.28	345.32
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	47	312.89	359.82
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	48	327.30	376.40
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	49	341.51	392.74
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	50	357.53	411.16
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	51	373.34	429.34
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	52	390.75	449.36
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	53	408.37	469.63
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	54	427.39	491.50
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	55	446.41	513.37
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	56	467.03	537.08
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	57	487.84	561.02
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	58	510.06	586.57
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	59	521.08	599.24
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	60	543.30	624.80
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	61	562.51	646.89
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	62	575.12	661.39
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	63	590.93	679.57
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	64	600.35	690.40
14002TN0230001	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	600.35	690.40

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	129.59	129.59
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	21	204.07	234.68
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	22	204.07	234.68
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	23	204.07	234.68
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	24	204.07	234.68
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	25	204.88	235.61
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	26	208.97	240.32
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	27	213.87	245.95
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	28	221.83	255.10
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	29	228.36	262.61
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	30	231.62	266.36
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	31	236.52	272.00
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	32	241.42	277.63
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	33	244.48	281.15
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	34	247.74	284.90
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	35	249.38	286.79
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	36	251.01	288.66
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	37	252.65	290.55
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	38	254.27	292.41
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	39	257.54	296.17
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	40	260.80	299.92
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	41	265.71	305.57
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	42	270.39	310.95

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	43	276.92	318.46
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	44	285.09	327.85
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	45	294.68	338.88
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	46	306.12	352.04
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	47	318.97	366.82
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	48	333.66	383.71
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	49	348.15	400.37
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	50	364.48	419.15
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	51	380.60	437.69
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	52	398.35	458.10
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	53	416.31	478.76
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	54	435.69	501.04
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	55	455.08	523.34
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	56	476.10	547.52
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	57	497.32	571.92
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	58	519.98	597.98
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	59	531.20	610.88
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	60	553.86	636.94
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	61	573.44	659.46
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	62	586.30	674.25
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	63	602.42	692.78
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	64	612.01	703.81
14002TN0230001	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	612.01	703.81

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	113.84	113.84
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	21	179.28	206.17
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	22	179.28	206.17
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	23	179.28	206.17
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	24	179.28	206.17
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	25	179.99	206.99
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	26	183.58	211.12
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	27	187.89	216.07
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	28	194.88	224.11
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	29	200.62	230.71
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	30	203.48	234.00
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	31	207.79	238.96
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	32	212.09	243.90
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	33	214.78	247.00
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	34	217.64	250.29
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	35	219.08	251.94
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	36	220.52	253.60
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	37	221.95	255.24
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	38	223.38	256.89
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	39	226.25	260.19
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	40	229.11	263.48
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	41	233.42	268.43
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	42	237.54	273.17

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	43	243.28	279.77
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	44	250.45	288.02
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	45	258.88	297.71
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	46	268.92	309.26
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	47	280.21	322.24
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	48	293.12	337.09
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	49	305.85	351.73
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	50	320.19	368.22
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	51	334.36	384.51
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	52	349.95	402.44
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	53	365.73	420.59
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	54	382.76	440.17
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	55	399.79	459.76
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	56	418.26	481.00
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	57	436.90	502.44
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	58	456.80	525.32
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	59	466.67	536.67
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	60	486.57	559.56
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	61	503.77	579.34
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	62	515.06	592.32
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	63	529.23	608.61
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	64	537.66	618.31
14002TN0230001	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	537.66	618.31

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	125.00	125.00
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	21	196.85	226.38
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	22	196.85	226.38
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	23	196.85	226.38
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	24	196.85	226.38
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	25	197.64	227.29
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	26	201.57	231.81
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	27	206.31	237.26
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	28	213.98	246.08
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	29	220.28	253.32
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	30	223.42	256.93
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	31	228.16	262.38
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	32	232.88	267.81
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	33	235.83	271.20
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	34	238.98	274.83
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	35	240.55	276.63
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	36	242.13	278.45
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	37	243.71	280.27
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	38	245.27	282.06
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	39	248.43	285.69
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	40	251.57	289.31
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	41	256.30	294.75
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	42	260.83	299.95

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	43	267.12	307.19
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	44	275.00	316.25
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	45	284.25	326.89
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	46	295.28	339.57
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	47	307.68	353.83
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	48	321.86	370.14
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	49	335.83	386.20
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	50	351.58	404.32
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	51	367.13	422.20
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	52	384.25	441.89
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	53	401.58	461.82
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	54	420.28	483.32
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	55	438.98	504.83
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	56	459.26	528.15
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	57	479.73	551.69
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	58	501.58	576.82
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	59	512.41	589.27
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	60	534.26	614.40
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	61	553.16	636.13
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	62	565.55	650.38
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	63	581.10	668.27
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	64	590.36	678.91
14002TN0230001	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	590.36	678.91

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	131.00	131.00
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	21	206.30	237.25
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	22	206.30	237.25
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	23	206.30	237.25
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	24	206.30	237.25
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	25	207.13	238.20
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	26	211.25	242.94
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	27	216.20	248.63
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	28	224.26	257.90
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	29	230.85	265.48
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	30	234.16	269.28
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	31	239.11	274.98
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	32	244.06	280.67
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	33	247.15	284.22
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	34	250.45	288.02
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	35	252.10	289.92
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	36	253.76	291.82
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	37	255.40	293.71
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	38	257.06	295.62
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	39	260.35	299.40
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	40	263.66	303.21
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	41	268.61	308.90
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	42	273.36	314.36

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	43	279.95	321.94
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	44	288.21	331.44
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	45	297.91	342.60
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	46	309.46	355.88
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	47	322.46	370.83
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	48	337.30	387.90
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	49	351.95	404.74
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	50	368.46	423.73
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	51	384.76	442.47
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	52	402.71	463.12
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	53	420.86	483.99
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	54	440.46	506.53
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	55	460.06	529.07
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	56	481.31	553.51
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	57	502.76	578.17
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	58	525.67	604.52
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	59	537.01	617.56
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	60	559.92	643.91
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	61	579.71	666.67
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	62	592.72	681.63
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	63	609.01	700.36
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	64	618.70	711.51
14002TN0230002	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	618.70	711.51

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	133.86	133.86
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	21	210.81	242.43
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	22	210.81	242.43
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	23	210.81	242.43
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	24	210.81	242.43
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	25	211.66	243.41
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	26	215.87	248.25
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	27	220.93	254.07
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	28	229.16	263.53
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	29	235.90	271.29
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	30	239.27	275.16
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	31	244.33	280.98
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	32	249.39	286.80
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	33	252.55	290.43
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	34	255.93	294.32
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	35	257.61	296.25
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	36	259.30	298.20
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	37	260.98	300.13
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	38	262.68	302.08
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	39	266.04	305.95
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	40	269.42	309.83
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	41	274.48	315.65
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	42	279.33	321.23

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	43	286.07	328.98
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	44	294.50	338.68
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	45	304.42	350.08
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	46	316.23	363.66
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	47	329.50	378.93
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	48	344.68	396.38
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	49	359.65	413.60
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	50	376.51	432.99
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	51	393.16	452.13
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	52	411.51	473.24
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	53	430.06	494.57
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	54	450.09	517.60
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	55	470.12	540.64
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	56	491.83	565.60
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	57	513.75	590.81
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	58	537.15	617.72
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	59	548.75	631.06
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	60	572.15	657.97
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	61	592.38	681.24
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	62	605.67	696.52
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	63	622.32	715.67
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	64	632.23	727.06
14002TN0230002	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	632.23	727.06

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	141.05	141.05
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	21	222.14	255.46
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	22	222.14	255.46
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	23	222.14	255.46
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	24	222.14	255.46
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	25	223.03	256.48
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	26	227.47	261.59
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	27	232.80	267.72
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	28	241.47	277.69
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	29	248.57	285.86
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	30	252.13	289.95
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	31	257.46	296.08
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	32	262.79	302.21
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	33	266.12	306.04
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	34	269.67	310.12
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	35	271.45	312.17
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	36	273.23	314.21
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	37	275.00	316.25
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	38	276.79	318.31
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	39	280.33	322.38
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	40	283.89	326.47
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	41	289.22	332.60
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	42	294.34	338.49

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	43	301.44	346.66
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	44	310.32	356.87
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	45	320.77	368.89
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	46	333.21	383.19
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	47	347.20	399.28
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	48	363.19	417.67
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	49	378.96	435.80
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	50	396.74	456.25
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	51	414.28	476.42
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	52	433.62	498.66
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	53	453.16	521.13
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	54	474.27	545.41
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	55	495.37	569.68
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	56	518.25	595.99
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	57	541.35	622.55
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	58	566.01	650.91
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	59	578.23	664.96
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	60	602.89	693.32
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	61	624.20	717.83
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	62	638.21	733.94
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	63	655.75	754.11
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	64	666.19	766.12
14002TN0230002	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	666.19	766.12

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	143.84	143.84
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	21	226.53	260.51
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	22	226.53	260.51
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	23	226.53	260.51
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	24	226.53	260.51
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	25	227.44	261.56
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	26	231.96	266.75
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	27	237.40	273.01
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	28	246.24	283.18
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	29	253.48	291.50
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	30	257.11	295.68
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	31	262.54	301.92
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	32	267.98	308.18
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	33	271.38	312.09
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	34	275.00	316.25
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	35	276.81	318.33
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	36	278.63	320.42
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	37	280.44	322.51
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	38	282.26	324.60
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	39	285.87	328.75
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	40	289.50	332.93
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	41	294.93	339.17
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	42	300.15	345.17

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	43	307.39	353.50
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	44	316.46	363.93
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	45	327.11	376.18
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	46	339.80	390.77
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	47	354.06	407.17
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	48	370.37	425.93
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	49	386.45	444.42
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	50	404.58	465.27
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	51	422.47	485.84
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	52	442.18	508.51
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	53	462.11	531.43
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	54	483.64	556.19
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	55	505.16	580.93
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	56	528.48	607.75
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	57	552.04	634.85
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	58	577.19	663.77
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	59	589.65	678.10
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	60	614.80	707.02
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	61	636.54	732.02
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	62	650.82	748.44
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	63	668.71	769.02
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	64	679.35	781.25
14002TN0230002	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	679.35	781.25

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	148.43	148.43
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	21	233.76	268.82
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	22	233.76	268.82
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	23	233.76	268.82
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	24	233.76	268.82
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	25	234.70	269.91
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	26	239.37	275.28
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	27	244.98	281.73
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	28	254.10	292.22
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	29	261.58	300.82
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	30	265.32	305.12
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	31	270.93	311.57
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	32	276.54	318.02
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	33	280.04	322.05
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	34	283.79	326.36
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	35	285.65	328.50
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	36	287.53	330.66
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	37	289.40	332.81
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	38	291.27	334.96
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	39	295.00	339.25
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	40	298.75	343.56
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	41	304.36	350.01
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	42	309.74	356.20

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	43	317.21	364.79
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	44	326.56	375.54
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	45	337.55	388.18
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	46	350.65	403.25
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	47	365.37	420.18
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	48	382.20	439.53
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	49	398.80	458.62
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	50	417.50	480.13
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	51	435.96	501.35
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	52	456.31	524.76
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	53	476.88	548.41
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	54	499.08	573.94
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	55	521.29	599.48
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	56	545.37	627.18
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	57	569.68	655.13
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	58	595.63	684.97
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	59	608.48	699.75
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	60	634.44	729.61
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	61	656.87	755.40
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	62	671.60	772.34
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	63	690.07	793.58
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	64	701.05	806.21
14002TN0230002	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	701.05	806.21

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	151.32	151.32
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	21	238.31	274.06
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	22	238.31	274.06
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	23	238.31	274.06
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	24	238.31	274.06
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	25	239.26	275.15
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	26	244.02	280.62
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	27	249.74	287.20
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	28	259.04	297.90
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	29	266.66	306.66
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	30	270.48	311.05
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	31	276.20	317.63
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	32	281.91	324.20
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	33	285.49	328.31
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	34	289.30	332.70
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	35	291.20	334.88
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	36	293.12	337.09
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	37	295.02	339.27
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	38	296.93	341.47
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	39	300.74	345.85
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	40	304.55	350.23
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	41	310.27	356.81
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	42	315.76	363.12

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	43	323.38	371.89
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	44	332.91	382.85
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	45	344.11	395.73
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	46	357.46	411.08
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	47	372.47	428.34
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	48	389.62	448.06
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	49	406.55	467.53
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	50	425.61	489.45
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	51	444.44	511.11
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	52	465.18	534.96
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	53	486.14	559.06
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	54	508.78	585.10
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	55	531.42	611.13
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	56	555.96	639.35
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	57	580.75	667.86
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	58	607.20	698.28
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	59	620.31	713.36
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	60	646.77	743.79
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	61	669.64	770.09
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	62	684.66	787.36
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	63	703.48	809.00
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	64	714.67	821.87
14002TN0230002	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	714.67	821.87

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	132.93	132.93
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	21	209.35	240.75
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	22	209.35	240.75
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	23	209.35	240.75
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	24	209.35	240.75
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	25	210.19	241.72
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	26	214.37	246.53
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	27	219.40	252.31
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	28	227.57	261.71
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	29	234.26	269.40
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	30	237.62	273.26
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	31	242.64	279.04
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	32	247.66	284.81
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	33	250.80	288.42
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	34	254.15	292.27
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	35	255.82	294.19
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	36	257.51	296.14
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	37	259.18	298.06
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	38	260.86	299.99
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	39	264.20	303.83
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	40	267.55	307.68
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	41	272.57	313.46
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	42	277.39	319.00

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	43	284.09	326.70
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	44	292.46	336.33
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	45	302.31	347.66
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	46	314.03	361.13
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	47	327.22	376.30
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	48	342.29	393.63
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	49	357.15	410.72
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	50	373.90	429.99
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	51	390.44	449.01
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	52	408.66	469.96
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	53	427.08	491.14
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	54	446.97	514.02
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	55	466.86	536.89
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	56	488.42	561.68
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	57	510.19	586.72
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	58	533.43	613.44
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	59	544.95	626.69
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	60	568.19	653.42
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	61	588.28	676.52
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	62	601.47	691.69
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	63	618.01	710.71
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	64	627.84	722.02
14002TN0230002	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	627.84	722.02

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	145.97	145.97
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	21	229.87	264.35
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	22	229.87	264.35
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	23	229.87	264.35
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	24	229.87	264.35
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	25	230.80	265.42
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	26	235.39	270.70
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	27	240.90	277.04
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	28	249.88	287.36
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	29	257.23	295.81
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	30	260.91	300.05
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	31	266.42	306.38
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	32	271.94	312.73
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	33	275.39	316.70
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	34	279.07	320.93
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	35	280.90	323.04
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	36	282.75	325.16
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	37	284.58	327.27
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	38	286.43	329.39
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	39	290.10	333.62
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	40	293.78	337.85
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	41	299.29	344.18
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	42	304.59	350.28

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	43	311.94	358.73
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	44	321.13	369.30
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	45	331.94	381.73
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	46	344.82	396.54
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	47	359.29	413.18
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	48	375.84	432.22
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	49	392.16	450.98
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	50	410.55	472.13
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	51	428.71	493.02
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	52	448.72	516.03
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	53	468.94	539.28
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	54	490.78	564.40
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	55	512.62	589.51
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	56	536.29	616.73
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	57	560.20	644.23
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	58	585.72	673.58
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	59	598.36	688.11
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	60	623.88	717.46
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	61	645.94	742.83
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	62	660.43	759.49
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	63	678.59	780.38
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	64	689.39	792.80
14002TN0230002	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	689.39	792.80

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				
Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	128.83	128.83
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	21	202.88	233.31
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	22	202.88	233.31
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	23	202.88	233.31
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	24	202.88	233.31
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	25	203.68	234.23
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	26	207.74	238.90
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	27	212.62	244.51
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	28	220.52	253.60
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	29	227.02	261.07
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	30	230.27	264.81
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	31	235.13	270.40
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	32	240.00	276.00
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	33	243.05	279.51
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	34	246.29	283.23
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	35	247.92	285.11
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	36	249.54	286.97
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	37	251.16	288.83
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	38	252.78	290.70
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	39	256.03	294.43
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	40	259.27	298.16
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	41	264.14	303.76
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	42	268.81	309.13

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	43	275.31	316.61
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	44	283.41	325.92
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	45	292.96	336.90
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	46	304.31	349.96
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	47	317.10	364.67
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	48	331.70	381.46
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	49	346.10	398.02
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	50	362.34	416.69
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	51	378.36	435.11
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	52	396.01	455.41
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	53	413.87	475.95
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	54	433.14	498.11
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	55	452.42	520.28
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	56	473.31	544.31
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	57	494.41	568.57
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	58	516.93	594.47
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	59	528.09	607.30
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	60	550.60	633.19
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	61	570.08	655.59
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	62	582.86	670.29
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	63	598.88	688.71
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	64	608.43	699.69
14002TN0230003	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	608.43	699.69

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	131.64	131.64
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	21	207.31	238.41
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	22	207.31	238.41
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	23	207.31	238.41
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	24	207.31	238.41
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	25	208.13	239.35
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	26	212.28	244.12
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	27	217.26	249.85
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	28	225.34	259.14
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	29	231.98	266.78
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	30	235.30	270.60
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	31	240.27	276.31
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	32	245.24	282.03
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	33	248.36	285.61
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	34	251.67	289.42
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	35	253.33	291.33
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	36	254.99	293.24
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	37	256.64	295.14
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	38	258.31	297.06
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	39	261.63	300.87
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	40	264.94	304.68
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	41	269.91	310.40
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	42	274.68	315.88

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	43	281.32	323.52
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	44	289.61	333.05
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	45	299.36	344.26
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	46	310.96	357.60
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	47	324.03	372.63
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	48	338.95	389.79
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	49	353.67	406.72
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	50	370.25	425.79
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	51	386.63	444.62
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	52	404.66	465.36
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	53	422.91	486.35
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	54	442.61	509.00
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	55	462.30	531.65
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	56	483.65	556.20
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	57	505.21	580.99
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	58	528.23	607.46
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	59	539.63	620.57
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	60	562.64	647.04
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	61	582.54	669.92
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	62	595.60	684.94
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	63	611.97	703.77
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	64	621.72	714.98
14002TN0230003	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	621.72	714.98

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	138.72	138.72
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	21	218.45	251.22
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	22	218.45	251.22
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	23	218.45	251.22
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	24	218.45	251.22
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	25	219.31	252.21
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	26	223.68	257.23
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	27	228.93	263.27
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	28	237.45	273.07
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	29	244.44	281.11
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	30	247.94	285.13
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	31	253.18	291.16
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	32	258.42	297.18
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	33	261.70	300.96
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	34	265.19	304.97
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	35	266.94	306.98
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	36	268.69	308.99
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	37	270.43	310.99
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	38	272.18	313.01
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	39	275.68	317.03
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	40	279.17	321.05
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	41	284.41	327.07
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	42	289.43	332.84

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	43	296.44	340.91
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	44	305.16	350.93
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	45	315.44	362.76
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	46	327.67	376.82
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	47	341.43	392.64
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	48	357.16	410.73
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	49	372.66	428.56
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	50	390.14	448.66
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	51	407.40	468.51
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	52	426.40	490.36
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	53	445.63	512.47
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	54	466.38	536.34
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	55	487.14	560.21
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	56	509.63	586.07
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	57	532.35	612.20
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	58	556.60	640.09
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	59	568.62	653.91
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	60	592.86	681.79
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	61	613.83	705.90
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	62	627.59	721.73
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	63	644.85	741.58
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	64	655.12	753.39
14002TN0230003	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	655.12	753.39

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	141.46	141.46
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	21	222.76	256.17
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	22	222.76	256.17
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	23	222.76	256.17
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	24	222.76	256.17
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	25	223.65	257.20
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	26	228.10	262.32
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	27	233.46	268.48
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	28	242.14	278.46
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	29	249.27	286.66
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	30	252.84	290.77
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	31	258.18	296.91
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	32	263.52	303.05
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	33	266.87	306.90
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	34	270.43	310.99
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	35	272.22	313.05
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	36	274.00	315.10
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	37	275.77	317.14
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	38	277.56	319.19
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	39	281.13	323.30
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	40	284.69	327.39
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	41	290.03	333.53
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	42	295.15	339.42

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	43	302.29	347.63
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	44	311.19	357.87
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	45	321.67	369.92
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	46	334.14	384.26
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	47	348.18	400.41
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	48	364.22	418.85
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	49	380.03	437.03
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	50	397.85	457.53
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	51	415.45	477.77
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	52	434.83	500.05
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	53	454.43	522.59
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	54	475.60	546.94
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	55	496.76	571.27
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	56	519.70	597.66
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	57	542.87	624.30
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	58	567.60	652.74
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	59	579.85	666.83
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	60	604.57	695.26
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	61	625.96	719.85
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	62	639.99	735.99
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	63	657.59	756.23
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	64	668.06	768.27
14002TN0230003	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	668.06	768.27

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	145.98	145.98
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	21	229.88	264.36
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	22	229.88	264.36
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	23	229.88	264.36
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	24	229.88	264.36
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	25	230.79	265.41
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	26	235.39	270.70
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	27	240.92	277.06
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	28	249.87	287.35
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	29	257.23	295.81
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	30	260.91	300.05
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	31	266.43	306.39
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	32	271.94	312.73
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	33	275.40	316.71
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	34	279.07	320.93
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	35	280.91	323.05
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	36	282.75	325.16
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	37	284.58	327.27
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	38	286.42	329.38
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	39	290.11	333.63
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	40	293.78	337.85
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	41	299.29	344.18
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	42	304.58	350.27

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	43	311.95	358.74
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	44	321.13	369.30
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	45	331.95	381.74
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	46	344.81	396.53
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	47	359.30	413.20
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	48	375.85	432.23
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	49	392.17	451.00
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	50	410.56	472.14
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	51	428.72	493.03
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	52	448.71	516.02
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	53	468.95	539.29
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	54	490.79	564.41
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	55	512.63	589.52
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	56	536.30	616.75
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	57	560.21	644.24
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	58	585.73	673.59
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	59	598.37	688.13
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	60	623.88	717.46
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	61	645.95	742.84
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	62	660.43	759.49
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	63	678.59	780.38
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	64	689.40	792.81
14002TN0230003	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	689.40	792.81

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	148.81	148.81
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	21	234.34	269.49
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	22	234.34	269.49
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	23	234.34	269.49
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	24	234.34	269.49
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	25	235.28	270.57
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	26	239.96	275.95
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	27	245.60	282.44
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	28	254.73	292.94
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	29	262.23	301.56
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	30	265.98	305.88
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	31	271.60	312.34
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	32	277.23	318.81
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	33	280.75	322.86
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	34	284.49	327.16
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	35	286.37	329.33
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	36	288.25	331.49
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	37	290.11	333.63
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	38	291.99	335.79
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	39	295.75	340.11
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	40	299.49	344.41
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	41	305.11	350.88
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	42	310.50	357.08

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	43	318.01	365.71
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	44	327.37	376.48
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	45	338.40	389.16
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	46	351.52	404.25
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	47	366.28	421.22
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	48	383.16	440.63
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	49	399.79	459.76
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	50	418.54	481.32
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	51	437.05	502.61
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	52	457.43	526.04
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	53	478.06	549.77
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	54	500.33	575.38
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	55	522.59	600.98
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	56	546.72	628.73
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	57	571.09	656.75
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	58	597.11	686.68
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	59	610.00	701.50
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	60	636.01	731.41
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	61	658.50	757.28
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	62	673.27	774.26
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	63	691.78	795.55
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	64	702.80	808.22
14002TN0230003	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	702.80	808.22

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	130.73	130.73
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	21	205.87	236.75
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	22	205.87	236.75
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	23	205.87	236.75
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	24	205.87	236.75
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	25	206.69	237.69
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	26	210.81	242.43
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	27	215.76	248.12
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	28	223.78	257.35
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	29	230.37	264.93
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	30	233.67	268.72
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	31	238.61	274.40
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	32	243.54	280.07
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	33	246.64	283.64
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	34	249.93	287.42
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	35	251.58	289.32
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	36	253.23	291.21
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	37	254.87	293.10
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	38	256.52	295.00
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	39	259.81	298.78
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	40	263.10	302.57
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	41	268.04	308.25
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	42	272.78	313.70

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	43	279.37	321.28
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	44	287.60	330.74
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	45	297.28	341.87
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	46	308.81	355.13
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	47	321.78	370.05
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	48	336.60	387.09
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	49	351.22	403.90
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	50	367.69	422.84
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	51	383.95	441.54
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	52	401.86	462.14
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	53	419.98	482.98
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	54	439.54	505.47
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	55	459.10	527.97
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	56	480.30	552.35
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	57	501.71	576.97
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	58	524.57	603.26
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	59	535.89	616.27
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	60	558.74	642.55
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	61	578.50	665.28
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	62	591.47	680.19
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	63	607.73	698.89
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	64	617.41	710.02
14002TN0230003	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	617.41	710.02

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	143.55	143.55
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	21	226.05	259.96
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	22	226.05	259.96
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	23	226.05	259.96
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	24	226.05	259.96
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	25	226.95	260.99
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	26	231.47	266.19
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	27	236.91	272.45
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	28	245.72	282.58
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	29	252.95	290.89
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	30	256.57	295.06
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	31	262.00	301.30
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	32	267.42	307.53
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	33	270.82	311.44
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	34	274.43	315.59
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	35	276.24	317.68
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	36	278.05	319.76
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	37	279.85	321.83
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	38	281.66	323.91
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	39	285.28	328.07
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	40	288.89	332.22
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	41	294.31	338.46
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	42	299.51	344.44

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	43	306.76	352.77
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	44	315.79	363.16
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	45	326.42	375.38
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	46	339.08	389.94
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	47	353.32	406.32
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	48	369.60	425.04
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	49	385.64	443.49
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	50	403.73	464.29
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	51	421.59	484.83
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	52	441.25	507.44
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	53	461.15	530.32
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	54	482.63	555.02
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	55	504.10	579.72
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	56	527.38	606.49
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	57	550.89	633.52
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	58	575.99	662.39
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	59	588.42	676.68
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	60	613.51	705.54
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	61	635.21	730.49
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	62	649.45	746.87
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	63	667.30	767.40
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	64	677.94	779.63
14002TN0230003	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	677.94	779.63

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	95.41	95.41
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	21	150.24	172.78
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	22	150.24	172.78
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	23	150.24	172.78
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	24	150.24	172.78
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	25	150.84	173.47
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	26	153.85	176.93
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	27	157.46	181.08
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	28	163.31	187.81
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	29	168.12	193.34
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	30	170.52	196.10
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	31	174.13	200.25
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	32	177.74	204.40
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	33	179.99	206.99
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	34	182.39	209.75
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	35	183.60	211.14
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	36	184.80	212.52
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	37	186.00	213.90
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	38	187.20	215.28
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	39	189.61	218.05
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	40	192.01	220.81
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	41	195.62	224.96
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	42	199.07	228.93

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	43	203.88	234.46
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	44	209.89	241.37
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	45	216.95	249.49
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	46	225.37	259.18
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	47	234.83	270.05
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	48	245.65	282.50
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	49	256.32	294.77
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	50	268.33	308.58
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	51	280.20	322.23
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	52	293.27	337.26
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	53	306.49	352.46
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	54	320.77	368.89
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	55	335.04	385.30
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	56	350.52	403.10
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	57	366.14	421.06
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	58	382.82	440.24
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	59	391.08	449.74
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	60	407.75	468.91
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	61	422.18	485.51
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	62	431.64	496.39
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	63	443.51	510.04
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	64	450.58	518.17
14002TN0360003	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	450.58	518.17

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	97.49	97.49
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	21	153.53	176.56
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	22	153.53	176.56
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	23	153.53	176.56
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	24	153.53	176.56
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	25	154.14	177.26
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	26	157.21	180.79
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	27	160.90	185.04
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	28	166.88	191.91
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	29	171.80	197.57
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	30	174.25	200.39
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	31	177.94	204.63
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	32	181.62	208.86
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	33	183.93	211.52
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	34	186.38	214.34
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	35	187.61	215.75
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	36	188.83	217.15
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	37	190.07	218.58
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	38	191.29	219.98
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	39	193.75	222.81
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	40	196.21	225.64
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	41	199.89	229.87
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	42	203.42	233.93

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	43	208.34	239.59
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	44	214.48	246.65
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	45	221.69	254.94
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	46	230.29	264.83
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	47	239.96	275.95
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	48	251.02	288.67
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	49	261.92	301.21
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	50	274.20	315.33
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	51	286.33	329.28
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	52	299.68	344.63
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	53	313.19	360.17
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	54	327.78	376.95
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	55	342.36	393.71
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	56	358.18	411.91
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	57	374.14	430.26
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	58	391.18	449.86
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	59	399.63	459.57
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	60	416.66	479.16
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	61	431.41	496.12
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	62	441.08	507.24
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	63	453.21	521.19
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	64	460.43	529.49
14002TN0360003	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	460.43	529.49

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	102.73	102.73
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	21	161.77	186.04
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	22	161.77	186.04
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	23	161.77	186.04
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	24	161.77	186.04
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	25	162.42	186.78
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	26	165.66	190.51
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	27	169.54	194.97
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	28	175.84	202.22
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	29	181.03	208.18
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	30	183.61	211.15
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	31	187.50	215.63
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	32	191.38	220.09
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	33	193.81	222.88
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	34	196.39	225.85
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	35	197.69	227.34
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	36	198.98	228.83
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	37	200.28	230.32
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	38	201.56	231.79
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	39	204.16	234.78
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	40	206.75	237.76
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	41	210.63	242.22
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	42	214.35	246.50

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	43	219.53	252.46
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	44	226.00	259.90
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	45	233.60	268.64
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	46	242.67	279.07
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	47	252.85	290.78
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	48	264.50	304.18
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	49	275.99	317.39
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	50	288.93	332.27
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	51	301.71	346.97
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	52	315.78	363.15
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	53	330.02	379.52
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	54	345.38	397.19
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	55	360.75	414.86
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	56	377.42	434.03
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	57	394.24	453.38
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	58	412.20	474.03
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	59	421.09	484.25
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	60	439.05	504.91
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	61	454.58	522.77
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	62	464.77	534.49
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	63	477.55	549.18
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	64	485.16	557.93
14002TN0360003	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	485.16	557.93

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	104.76	104.76
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	21	164.97	189.72
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	22	164.97	189.72
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	23	164.97	189.72
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	24	164.97	189.72
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	25	165.63	190.47
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	26	168.93	194.27
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	27	172.89	198.82
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	28	179.32	206.22
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	29	184.60	212.29
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	30	187.24	215.33
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	31	191.20	219.88
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	32	195.16	224.43
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	33	197.64	227.29
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	34	200.27	230.31
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	35	201.60	231.84
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	36	202.91	233.35
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	37	204.23	234.86
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	38	205.55	236.38
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	39	208.20	239.43
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	40	210.83	242.45
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	41	214.79	247.01
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	42	218.58	251.37

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	43	223.87	257.45
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	44	230.46	265.03
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	45	238.21	273.94
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	46	247.46	284.58
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	47	257.85	296.53
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	48	269.73	310.19
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	49	281.44	323.66
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	50	294.64	338.84
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	51	307.67	353.82
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	52	322.02	370.32
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	53	336.54	387.02
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	54	352.21	405.04
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	55	367.88	423.06
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	56	384.87	442.60
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	57	402.03	462.33
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	58	420.34	483.39
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	59	429.41	493.82
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	60	447.72	514.88
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	61	463.57	533.11
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	62	473.95	545.04
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	63	486.99	560.04
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	64	494.75	568.96
14002TN0360003	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	494.75	568.96

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	108.11	108.11
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	21	170.24	195.78
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	22	170.24	195.78
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	23	170.24	195.78
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	24	170.24	195.78
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	25	170.92	196.56
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	26	174.33	200.48
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	27	178.41	205.17
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	28	185.04	212.80
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	29	190.50	219.08
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	30	193.22	222.20
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	31	197.31	226.91
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	32	201.39	231.60
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	33	203.95	234.54
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	34	206.67	237.67
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	35	208.04	239.25
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	36	209.39	240.80
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	37	210.76	242.37
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	38	212.11	243.93
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	39	214.85	247.08
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	40	217.57	250.21
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	41	221.65	254.90
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	42	225.56	259.39

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	43	231.02	265.67
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	44	237.83	273.50
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	45	245.82	282.69
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	46	255.36	293.66
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	47	266.08	305.99
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	48	278.34	320.09
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	49	290.43	333.99
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	50	304.05	349.66
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	51	317.50	365.13
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	52	332.30	382.15
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	53	347.29	399.38
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	54	363.46	417.98
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	55	379.63	436.57
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	56	397.17	456.75
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	57	414.87	477.10
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	58	433.77	498.84
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	59	443.13	509.60
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	60	462.02	531.32
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	61	478.37	550.13
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	62	489.09	562.45
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	63	502.54	577.92
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	64	510.55	587.13
14002TN0360003	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	510.55	587.13

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	110.21	110.21
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	21	173.55	199.58
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	22	173.55	199.58
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	23	173.55	199.58
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	24	173.55	199.58
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	25	174.24	200.38
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	26	177.71	204.37
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	27	181.88	209.16
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	28	188.64	216.94
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	29	194.20	223.33
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	30	196.97	226.52
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	31	201.14	231.31
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	32	205.31	236.11
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	33	207.91	239.10
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	34	210.69	242.29
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	35	212.08	243.89
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	36	213.46	245.48
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	37	214.85	247.08
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	38	216.23	248.66
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	39	219.02	251.87
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	40	221.79	255.06
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	41	225.96	259.85
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	42	229.95	264.44

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	43	235.51	270.84
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	44	242.45	278.82
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	45	250.60	288.19
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	46	260.33	299.38
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	47	271.25	311.94
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	48	283.75	326.31
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	49	296.07	340.48
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	50	309.96	356.45
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	51	323.67	372.22
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	52	338.76	389.57
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	53	354.04	407.15
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	54	370.52	426.10
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	55	387.01	445.06
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	56	404.89	465.62
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	57	422.94	486.38
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	58	442.20	508.53
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	59	451.74	519.50
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	60	471.00	541.65
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	61	487.67	560.82
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	62	498.60	573.39
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	63	512.31	589.16
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	64	520.47	598.54
14002TN0360003	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	520.47	598.54

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	96.82	96.82
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	21	152.46	175.33
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	22	152.46	175.33
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	23	152.46	175.33
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	24	152.46	175.33
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	25	153.07	176.03
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	26	156.12	179.54
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	27	159.78	183.75
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	28	165.72	190.58
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	29	170.61	196.20
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	30	173.04	199.00
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	31	176.70	203.21
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	32	180.36	207.41
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	33	182.65	210.05
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	34	185.09	212.85
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	35	186.31	214.26
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	36	187.53	215.66
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	37	188.75	217.06
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	38	189.96	218.45
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	39	192.41	221.27
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	40	194.85	224.08
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	41	198.51	228.29
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	42	202.01	232.31

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	43	206.89	237.92
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	44	212.99	244.94
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	45	220.15	253.17
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	46	228.70	263.01
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	47	238.30	274.05
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	48	249.28	286.67
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	49	260.10	299.12
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	50	272.30	313.15
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	51	284.34	326.99
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	52	297.60	342.24
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	53	311.02	357.67
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	54	325.50	374.33
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	55	339.99	390.99
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	56	355.70	409.06
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	57	371.55	427.28
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	58	388.47	446.74
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	59	396.86	456.39
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	60	413.78	475.85
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	61	428.42	492.68
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	62	438.02	503.72
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	63	450.06	517.57
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	64	457.24	525.83
14002TN0360003	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	457.24	525.83

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	106.31	106.31
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	21	167.41	192.52
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	22	167.41	192.52
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	23	167.41	192.52
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	24	167.41	192.52
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	25	168.07	193.28
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	26	171.43	197.14
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	27	175.45	201.77
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	28	181.97	209.27
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	29	187.33	215.43
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	30	190.01	218.51
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	31	194.02	223.12
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	32	198.04	227.75
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	33	200.56	230.64
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	34	203.23	233.71
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	35	204.58	235.27
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	36	205.91	236.80
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	37	207.25	238.34
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	38	208.58	239.87
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	39	211.27	242.96
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	40	213.95	246.04
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	41	217.97	250.67
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	42	221.81	255.08

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	43	227.17	261.25
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	44	233.87	268.95
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	45	241.73	277.99
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	46	251.12	288.79
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	47	261.66	300.91
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	48	273.71	314.77
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	49	285.60	328.44
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	50	298.99	343.84
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	51	312.22	359.05
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	52	326.78	375.80
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	53	341.51	392.74
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	54	357.41	411.02
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	55	373.32	429.32
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	56	390.56	449.14
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	57	407.97	469.17
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	58	426.55	490.53
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	59	435.76	501.12
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	60	454.34	522.49
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	61	470.42	540.98
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	62	480.96	553.10
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	63	494.18	568.31
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	64	502.06	577.37
14002TN0360003	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	502.06	577.37

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	82.69	82.69
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	21	130.22	149.75
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	22	130.22	149.75
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	23	130.22	149.75
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	24	130.22	149.75
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	25	130.75	150.36
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	26	133.35	153.35
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	27	136.47	156.94
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	28	141.55	162.78
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	29	145.72	167.58
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	30	147.80	169.97
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	31	150.92	173.56
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	32	154.05	177.16
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	33	156.01	179.41
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	34	158.09	181.80
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	35	159.14	183.01
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	36	160.17	184.20
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	37	161.21	185.39
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	38	162.26	186.60
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	39	164.35	189.00
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	40	166.42	191.38
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	41	169.55	194.98
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	42	172.55	198.43

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	43	176.71	203.22
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	44	181.92	209.21
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	45	188.05	216.26
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	46	195.34	224.64
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	47	203.54	234.07
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	48	212.91	244.85
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	49	222.16	255.48
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	50	232.58	267.47
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	51	242.87	279.30
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	52	254.20	292.33
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	53	265.66	305.51
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	54	278.02	319.72
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	55	290.40	333.96
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	56	303.81	349.38
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	57	317.36	364.96
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	58	331.81	381.58
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	59	338.97	389.82
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	60	353.42	406.43
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	61	365.93	420.82
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	62	374.13	430.25
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	63	384.42	442.08
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	64	390.55	449.13
14002TN0360004	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	390.55	449.13

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	84.49	84.49
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	21	133.07	153.03
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	22	133.07	153.03
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	23	133.07	153.03
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	24	133.07	153.03
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	25	133.61	153.65
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	26	136.26	156.70
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	27	139.46	160.38
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	28	144.64	166.34
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	29	148.91	171.25
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	30	151.03	173.68
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	31	154.22	177.35
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	32	157.42	181.03
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	33	159.42	183.33
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	34	161.54	185.77
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	35	162.61	187.00
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	36	163.67	188.22
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	37	164.73	189.44
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	38	165.81	190.68
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	39	167.94	193.13
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	40	170.06	195.57
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	41	173.25	199.24
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	42	176.32	202.77

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	43	180.57	207.66
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	44	185.90	213.79
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	45	192.16	220.98
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	46	199.60	229.54
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	47	207.98	239.18
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	48	217.56	250.19
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	49	227.02	261.07
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	50	237.67	273.32
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	51	248.18	285.41
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	52	259.75	298.71
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	53	271.46	312.18
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	54	284.10	326.72
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	55	296.74	341.25
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	56	310.45	357.02
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	57	324.29	372.93
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	58	339.06	389.92
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	59	346.38	398.34
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	60	361.15	415.32
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	61	373.93	430.02
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	62	382.31	439.66
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	63	392.82	451.74
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	64	399.08	458.94
14002TN0360004	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	399.08	458.94

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	89.03	89.03
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	21	140.22	161.25
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	22	140.22	161.25
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	23	140.22	161.25
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	24	140.22	161.25
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	25	140.78	161.90
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	26	143.58	165.12
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	27	146.95	168.99
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	28	152.41	175.27
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	29	156.91	180.45
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	30	159.14	183.01
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	31	162.51	186.89
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	32	165.87	190.75
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	33	167.98	193.18
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	34	170.22	195.75
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	35	171.35	197.05
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	36	172.47	198.34
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	37	173.58	199.62
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	38	174.71	200.92
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	39	176.96	203.50
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	40	179.20	206.08
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	41	182.56	209.94
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	42	185.79	213.66

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	43	190.27	218.81
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	44	195.88	225.26
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	45	202.48	232.85
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	46	210.33	241.88
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	47	219.16	252.03
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	48	229.25	263.64
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	49	239.21	275.09
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	50	250.43	287.99
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	51	261.51	300.74
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	52	273.71	314.77
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	53	286.05	328.96
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	54	299.36	344.26
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	55	312.68	359.58
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	56	327.13	376.20
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	57	341.71	392.97
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	58	357.27	410.86
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	59	364.99	419.74
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	60	380.55	437.63
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	61	394.02	453.12
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	62	402.85	463.28
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	63	413.92	476.01
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	64	420.52	483.60
14002TN0360004	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	420.52	483.60

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	90.79	90.79
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	21	142.99	164.44
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	22	142.99	164.44
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	23	142.99	164.44
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	24	142.99	164.44
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	25	143.56	165.09
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	26	146.42	168.38
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	27	149.85	172.33
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	28	155.42	178.73
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	29	160.01	184.01
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	30	162.29	186.63
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	31	165.72	190.58
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	32	169.15	194.52
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	33	171.30	197.00
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	34	173.58	199.62
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	35	174.73	200.94
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	36	175.87	202.25
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	37	177.01	203.56
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	38	178.17	204.90
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	39	180.46	207.53
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	40	182.74	210.15
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	41	186.17	214.10
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	42	189.46	217.88

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	43	194.03	223.13
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	44	199.75	229.71
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	45	206.48	237.45
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	46	214.48	246.65
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	47	223.49	257.01
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	48	233.78	268.85
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	49	243.94	280.53
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	50	255.38	293.69
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	51	266.68	306.68
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	52	279.11	320.98
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	53	291.70	335.46
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	54	305.27	351.06
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	55	318.86	366.69
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	56	333.59	383.63
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	57	348.47	400.74
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	58	364.33	418.98
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	59	372.20	428.03
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	60	388.06	446.27
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	61	401.80	462.07
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	62	410.81	472.43
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	63	422.10	485.42
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	64	428.83	493.15
14002TN0360004	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	428.83	493.15

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	93.69	93.69
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	21	147.56	169.69
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	22	147.56	169.69
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	23	147.56	169.69
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	24	147.56	169.69
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	25	148.15	170.37
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	26	151.10	173.77
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	27	154.64	177.84
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	28	160.39	184.45
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	29	165.12	189.89
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	30	167.47	192.59
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	31	171.01	196.66
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	32	174.55	200.73
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	33	176.77	203.29
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	34	179.13	206.00
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	35	180.32	207.37
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	36	181.49	208.71
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	37	182.67	210.07
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	38	183.86	211.44
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	39	186.22	214.15
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	40	188.57	216.86
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	41	192.11	220.93
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	42	195.51	224.84

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	43	200.23	230.26
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	44	206.14	237.06
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	45	213.07	245.03
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	46	221.33	254.53
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	47	230.63	265.22
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	48	241.25	277.44
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	49	251.73	289.49
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	50	263.54	303.07
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	51	275.20	316.48
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	52	288.03	331.23
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	53	301.02	346.17
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	54	315.03	362.28
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	55	329.05	378.41
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	56	344.24	395.88
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	57	359.60	413.54
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	58	375.97	432.37
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	59	384.09	441.70
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	60	400.46	460.53
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	61	414.64	476.84
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	62	423.93	487.52
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	63	435.58	500.92
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	64	442.52	508.90
14002TN0360004	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	442.52	508.90

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	95.51	95.51
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	21	150.42	172.98
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	22	150.42	172.98
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	23	150.42	172.98
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	24	150.42	172.98
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	25	151.03	173.68
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	26	154.03	177.13
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	27	157.64	181.29
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	28	163.51	188.04
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	29	168.33	193.58
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	30	170.72	196.33
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	31	174.33	200.48
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	32	177.94	204.63
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	33	180.21	207.24
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	34	182.61	210.00
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	35	183.82	211.39
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	36	185.02	212.77
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	37	186.22	214.15
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	38	187.43	215.54
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	39	189.84	218.32
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	40	192.24	221.08
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	41	195.85	225.23
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	42	199.31	229.21

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	43	204.12	234.74
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	44	210.14	241.66
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	45	217.22	249.80
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	46	225.63	259.47
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	47	235.11	270.38
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	48	245.94	282.83
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	49	256.62	295.11
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	50	268.66	308.96
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	51	280.54	322.62
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	52	293.63	337.67
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	53	306.87	352.90
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	54	321.15	369.32
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	55	335.44	385.76
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	56	350.93	403.57
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	57	366.59	421.58
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	58	383.28	440.77
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	59	391.55	450.28
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	60	408.24	469.48
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	61	422.69	486.09
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	62	432.17	497.00
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	63	444.05	510.66
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	64	451.12	518.79
14002TN0360004	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	451.12	518.79

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	83.91	83.91
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	21	132.15	151.97
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	22	132.15	151.97
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	23	132.15	151.97
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	24	132.15	151.97
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	25	132.68	152.58
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	26	135.32	155.62
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	27	138.49	159.26
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	28	143.64	165.19
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	29	147.88	170.06
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	30	149.98	172.48
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	31	153.15	176.12
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	32	156.32	179.77
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	33	158.31	182.06
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	34	160.42	184.48
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	35	161.49	185.71
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	36	162.54	186.92
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	37	163.59	188.13
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	38	164.66	189.36
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	39	166.77	191.79
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	40	168.88	194.21
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	41	172.05	197.86
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	42	175.10	201.37

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	43	179.32	206.22
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	44	184.61	212.30
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	45	190.82	219.44
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	46	198.22	227.95
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	47	206.54	237.52
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	48	216.06	248.47
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	49	225.44	259.26
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	50	236.02	271.42
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	51	246.46	283.43
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	52	257.95	296.64
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	53	269.58	310.02
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	54	282.13	324.45
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	55	294.69	338.89
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	56	308.30	354.55
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	57	322.05	370.36
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	58	336.71	387.22
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	59	343.98	395.58
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	60	358.64	412.44
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	61	371.34	427.04
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	62	379.66	436.61
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	63	390.10	448.62
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	64	396.31	455.76
14002TN0360004	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	396.31	455.76

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	92.13	92.13
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	21	145.10	166.87
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	22	145.10	166.87
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	23	145.10	166.87
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	24	145.10	166.87
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	25	145.69	167.54
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	26	148.58	170.87
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	27	152.07	174.88
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	28	157.72	181.38
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	29	162.37	186.73
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	30	164.68	189.38
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	31	168.17	193.40
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	32	171.65	197.40
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	33	173.83	199.90
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	34	176.15	202.57
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	35	177.32	203.92
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	36	178.47	205.24
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	37	179.63	206.57
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	38	180.80	207.92
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	39	183.12	210.59
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	40	185.44	213.26
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	41	188.92	217.26
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	42	192.26	221.10

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	43	196.90	226.44
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	44	202.71	233.12
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	45	209.53	240.96
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	46	217.65	250.30
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	47	226.79	260.81
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	48	237.24	272.83
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	49	247.54	284.67
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	50	259.16	298.03
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	51	270.62	311.21
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	52	283.24	325.73
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	53	296.01	340.41
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	54	309.79	356.26
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	55	323.57	372.11
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	56	338.52	389.30
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	57	353.61	406.65
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	58	369.72	425.18
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	59	377.70	434.36
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	60	393.80	452.87
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	61	407.74	468.90
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	62	416.88	479.41
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	63	428.34	492.59
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	64	435.16	500.43
14002TN0360004	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	435.16	500.43

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	91.58	91.58
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	21	144.22	165.85
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	22	144.22	165.85
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	23	144.22	165.85
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	24	144.22	165.85
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	25	144.80	166.52
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	26	147.68	169.83
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	27	151.14	173.81
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	28	156.78	180.30
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	29	161.39	185.60
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	30	163.70	188.26
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	31	167.16	192.23
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	32	170.62	196.21
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	33	172.78	198.70
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	34	175.09	201.35
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	35	176.24	202.68
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	36	177.39	204.00
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	37	178.55	205.33
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	38	179.70	206.66
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	39	182.01	209.31
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	40	184.31	211.96
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	41	187.77	215.94
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	42	191.10	219.77

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	43	195.71	225.07
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	44	201.48	231.70
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	45	208.26	239.50
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	46	216.34	248.79
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	47	225.42	259.23
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	48	235.80	271.17
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	49	246.05	282.96
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	50	257.58	296.22
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	51	268.97	309.32
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	52	281.53	323.76
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	53	294.21	338.34
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	54	307.92	354.11
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	55	321.62	369.86
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	56	336.48	386.95
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	57	351.47	404.19
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	58	367.49	422.61
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	59	375.41	431.72
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	60	391.43	450.14
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	61	405.27	466.06
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	62	414.35	476.50
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	63	425.75	489.61
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	64	432.52	497.40
14002TN0360005	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	432.52	497.40

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	93.58	93.58
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	21	147.38	169.49
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	22	147.38	169.49
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	23	147.38	169.49
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	24	147.38	169.49
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	25	147.96	170.15
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	26	150.91	173.55
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	27	154.45	177.62
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	28	160.20	184.23
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	29	164.92	189.66
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	30	167.27	192.36
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	31	170.81	196.43
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	32	174.35	200.50
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	33	176.55	203.03
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	34	178.91	205.75
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	35	180.09	207.10
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	36	181.27	208.46
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	37	182.45	209.82
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	38	183.63	211.17
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	39	185.98	213.88
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	40	188.34	216.59
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	41	191.88	220.66
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	42	195.28	224.57

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	43	199.99	229.99
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	44	205.88	236.76
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	45	212.81	244.73
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	46	221.07	254.23
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	47	230.35	264.90
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	48	240.96	277.10
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	49	251.43	289.14
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	50	263.21	302.69
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	51	274.85	316.08
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	52	287.68	330.83
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	53	300.64	345.74
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	54	314.65	361.85
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	55	328.64	377.94
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	56	343.83	395.40
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	57	359.15	413.02
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	58	375.52	431.85
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	59	383.62	441.16
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	60	399.98	459.98
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	61	414.13	476.25
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	62	423.41	486.92
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	63	435.05	500.31
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	64	441.98	508.28
14002TN0360005	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	441.98	508.28

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	98.61	98.61
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	21	155.29	178.58
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	22	155.29	178.58
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	23	155.29	178.58
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	24	155.29	178.58
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	25	155.91	179.30
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	26	159.02	182.87
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	27	162.74	187.15
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	28	168.81	194.13
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	29	173.78	199.85
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	30	176.26	202.70
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	31	179.99	206.99
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	32	183.71	211.27
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	33	186.04	213.95
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	34	188.52	216.80
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	35	189.76	218.22
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	36	191.01	219.66
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	37	192.25	221.09
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	38	193.49	222.51
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	39	195.98	225.38
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	40	198.46	228.23
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	41	202.19	232.52
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	42	205.76	236.62

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	43	210.73	242.34
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	44	216.94	249.48
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	45	224.24	257.88
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	46	232.94	267.88
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	47	242.72	279.13
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	48	253.90	291.99
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	49	264.93	304.67
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	50	277.35	318.95
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	51	289.62	333.06
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	52	303.13	348.60
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	53	316.79	364.31
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	54	331.55	381.28
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	55	346.30	398.25
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	56	362.30	416.65
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	57	378.45	435.22
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	58	395.69	455.04
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	59	404.22	464.85
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	60	421.47	484.69
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	61	436.37	501.83
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	62	446.15	513.07
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	63	458.42	527.18
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	64	465.72	535.58
14002TN0360005	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	465.72	535.58

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	100.56	100.56
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	21	158.36	182.11
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	22	158.36	182.11
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	23	158.36	182.11
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	24	158.36	182.11
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	25	158.99	182.84
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	26	162.16	186.48
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	27	165.96	190.85
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	28	172.14	197.96
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	29	177.21	203.79
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	30	179.74	206.70
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	31	183.54	211.07
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	32	187.34	215.44
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	33	189.71	218.17
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	34	192.25	221.09
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	35	193.51	222.54
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	36	194.78	224.00
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	37	196.05	225.46
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	38	197.31	226.91
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	39	199.85	229.83
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	40	202.38	232.74
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	41	206.18	237.11
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	42	209.83	241.30

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	43	214.90	247.14
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	44	221.23	254.41
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	45	228.67	262.97
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	46	237.55	273.18
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	47	247.52	284.65
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	48	258.92	297.76
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	49	270.17	310.70
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	50	282.83	325.25
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	51	295.34	339.64
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	52	309.12	355.49
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	53	323.05	371.51
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	54	338.10	388.82
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	55	353.14	406.11
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	56	369.46	424.88
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	57	385.92	443.81
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	58	403.51	464.04
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	59	412.21	474.04
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	60	429.79	494.26
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	61	444.99	511.74
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	62	454.96	523.20
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	63	467.48	537.60
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	64	474.92	546.16
14002TN0360005	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	474.92	546.16

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	103.77	103.77
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	21	163.42	187.93
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	22	163.42	187.93
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	23	163.42	187.93
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	24	163.42	187.93
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	25	164.07	188.68
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	26	167.34	192.44
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	27	171.26	196.95
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	28	177.64	204.29
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	29	182.87	210.30
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	30	185.48	213.30
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	31	189.41	217.82
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	32	193.33	222.33
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	33	195.77	225.14
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	34	198.39	228.15
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	35	199.70	229.66
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	36	201.00	231.15
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	37	202.31	232.66
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	38	203.62	234.16
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	39	206.23	237.16
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	40	208.84	240.17
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	41	212.77	244.69
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	42	216.53	249.01

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	43	221.76	255.02
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	44	228.30	262.55
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	45	235.97	271.37
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	46	245.13	281.90
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	47	255.42	293.73
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	48	267.19	307.27
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	49	278.80	320.62
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	50	291.87	335.65
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	51	304.77	350.49
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	52	318.99	366.84
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	53	333.37	383.38
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	54	348.90	401.24
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	55	364.42	419.08
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	56	381.26	438.45
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	57	398.25	457.99
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	58	416.39	478.85
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	59	425.38	489.19
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	60	443.52	510.05
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	61	459.21	528.09
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	62	469.50	539.93
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	63	482.41	554.77
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	64	490.09	563.60
14002TN0360005	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	490.09	563.60

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	105.79	105.79
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	21	166.59	191.58
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	22	166.59	191.58
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	23	166.59	191.58
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	24	166.59	191.58
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	25	167.26	192.35
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	26	170.59	196.18
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	27	174.59	200.78
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	28	181.09	208.25
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	29	186.42	214.38
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	30	189.09	217.45
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	31	193.09	222.05
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	32	197.08	226.64
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	33	199.58	229.52
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	34	202.24	232.58
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	35	203.58	234.12
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	36	204.91	235.65
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	37	206.24	237.18
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	38	207.57	238.71
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	39	210.24	241.78
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	40	212.90	244.84
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	41	216.90	249.44
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	42	220.74	253.85

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	43	226.07	259.98
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	44	232.73	267.64
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	45	240.56	276.64
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	46	249.90	287.39
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	47	260.39	299.45
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	48	272.38	313.24
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	49	284.21	326.84
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	50	297.54	342.17
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	51	310.69	357.29
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	52	325.19	373.97
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	53	339.85	390.83
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	54	355.68	409.03
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	55	371.50	427.23
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	56	388.67	446.97
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	57	405.99	466.89
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	58	424.49	488.16
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	59	433.64	498.69
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	60	452.14	519.96
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	61	468.13	538.35
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	62	478.62	550.41
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	63	491.79	565.56
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	64	499.61	574.55
14002TN0360005	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	499.61	574.55

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	92.93	92.93
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	21	146.35	168.30
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	22	146.35	168.30
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	23	146.35	168.30
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	24	146.35	168.30
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	25	146.94	168.98
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	26	149.87	172.35
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	27	153.38	176.39
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	28	159.09	182.95
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	29	163.77	188.34
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	30	166.12	191.04
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	31	169.63	195.07
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	32	173.14	199.11
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	33	175.33	201.63
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	34	177.67	204.32
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	35	178.84	205.67
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	36	180.01	207.01
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	37	181.18	208.36
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	38	182.35	209.70
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	39	184.70	212.41
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	40	187.04	215.10
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	41	190.55	219.13
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	42	193.92	223.01

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	43	198.60	228.39
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	44	204.46	235.13
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	45	211.33	243.03
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	46	219.54	252.47
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	47	228.75	263.06
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	48	239.29	275.18
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	49	249.68	287.13
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	50	261.39	300.60
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	51	272.95	313.89
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	52	285.68	328.53
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	53	298.56	343.34
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	54	312.47	359.34
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	55	326.37	375.33
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	56	341.45	392.67
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	57	356.66	410.16
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	58	372.91	428.85
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	59	380.96	438.10
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	60	397.21	456.79
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	61	411.25	472.94
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	62	420.47	483.54
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	63	432.04	496.85
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	64	438.91	504.75
14002TN0360005	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	438.91	504.75

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	102.04	102.04
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	21	160.70	184.81
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	22	160.70	184.81
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	23	160.70	184.81
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	24	160.70	184.81
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	25	161.34	185.54
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	26	164.56	189.24
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	27	168.41	193.67
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	28	174.69	200.89
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	29	179.83	206.80
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	30	182.40	209.76
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	31	186.25	214.19
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	32	190.11	218.63
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	33	192.52	221.40
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	34	195.09	224.35
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	35	196.37	225.83
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	36	197.66	227.31
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	37	198.94	228.78
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	38	200.23	230.26
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	39	202.80	233.22
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	40	205.37	236.18
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	41	209.23	240.61
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	42	212.93	244.87

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	43	218.07	250.78
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	44	224.50	258.18
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	45	232.05	266.86
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	46	241.06	277.22
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	47	251.17	288.85
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	48	262.74	302.15
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	49	274.16	315.28
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	50	287.01	330.06
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	51	299.70	344.66
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	52	313.69	360.74
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	53	327.83	377.00
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	54	343.10	394.57
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	55	358.36	412.11
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	56	374.92	431.16
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	57	391.63	450.37
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	58	409.47	470.89
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	59	418.30	481.05
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	60	436.14	501.56
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	61	451.57	519.31
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	62	461.69	530.94
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	63	474.39	545.55
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	64	481.94	554.23
14002TN0360005	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	481.94	554.23

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	88.56	88.56
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	21	139.46	160.38
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	22	139.46	160.38
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	23	139.46	160.38
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	24	139.46	160.38
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	25	140.02	161.02
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	26	142.81	164.23
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	27	146.15	168.07
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	28	151.60	174.34
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	29	156.06	179.47
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	30	158.29	182.03
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	31	161.64	185.89
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	32	164.99	189.74
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	33	167.07	192.13
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	34	169.31	194.71
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	35	170.42	195.98
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	36	171.54	197.27
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	37	172.65	198.55
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	38	173.77	199.84
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	39	176.00	202.40
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	40	178.23	204.96
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	41	181.58	208.82
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	42	184.79	212.51

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	43	189.25	217.64
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	44	194.83	224.05
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	45	201.39	231.60
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	46	209.20	240.58
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	47	217.98	250.68
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	48	228.02	262.22
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	49	237.92	273.61
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	50	249.08	286.44
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	51	260.10	299.12
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	52	272.23	313.06
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	53	284.50	327.18
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	54	297.75	342.41
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	55	311.00	357.65
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	56	325.37	374.18
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	57	339.87	390.85
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	58	355.35	408.65
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	59	363.02	417.47
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	60	378.50	435.28
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	61	391.89	450.67
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	62	400.68	460.78
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	63	411.70	473.46
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	64	418.25	480.99
14002TN0360006	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	418.25	480.99

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	90.50	90.50
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	21	142.51	163.89
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	22	142.51	163.89
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	23	142.51	163.89
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	24	142.51	163.89
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	25	143.08	164.54
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	26	145.93	167.82
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	27	149.35	171.75
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	28	154.91	178.15
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	29	159.47	183.39
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	30	161.75	186.01
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	31	165.17	189.95
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	32	168.59	193.88
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	33	170.73	196.34
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	34	173.01	198.96
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	35	174.14	200.26
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	36	175.29	201.58
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	37	176.43	202.89
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	38	177.57	204.21
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	39	179.84	206.82
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	40	182.13	209.45
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	41	185.55	213.38
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	42	188.82	217.14

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	43	193.39	222.40
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	44	199.09	228.95
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	45	205.79	236.66
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	46	213.77	245.84
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	47	222.74	256.15
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	48	233.01	267.96
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	49	243.12	279.59
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	50	254.52	292.70
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	51	265.79	305.66
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	52	278.18	319.91
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	53	290.72	334.33
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	54	304.26	349.90
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	55	317.80	365.47
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	56	332.48	382.35
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	57	347.30	399.40
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	58	363.12	417.59
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	59	370.95	426.59
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	60	386.77	444.79
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	61	400.45	460.52
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	62	409.43	470.84
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	63	420.69	483.79
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	64	427.39	491.50
14002TN0360006	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	427.39	491.50

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	95.36	95.36
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	21	150.17	172.70
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	22	150.17	172.70
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	23	150.17	172.70
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	24	150.17	172.70
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	25	150.76	173.37
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	26	153.77	176.84
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	27	157.37	180.98
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	28	163.23	187.71
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	29	168.04	193.25
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	30	170.43	195.99
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	31	174.05	200.16
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	32	177.65	204.30
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	33	179.90	206.89
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	34	182.30	209.65
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	35	183.50	211.03
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	36	184.71	212.42
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	37	185.90	213.79
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	38	187.11	215.18
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	39	189.51	217.94
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	40	191.91	220.70
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	41	195.51	224.84
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	42	198.97	228.82

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	43	203.78	234.35
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	44	209.78	241.25
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	45	216.84	249.37
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	46	225.25	259.04
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	47	234.70	269.91
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	48	245.52	282.35
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	49	256.18	294.61
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	50	268.20	308.43
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	51	280.06	322.07
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	52	293.13	337.10
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	53	306.34	352.29
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	54	320.60	368.69
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	55	334.87	385.10
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	56	350.34	402.89
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	57	365.96	420.85
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	58	382.62	440.01
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	59	390.88	449.51
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	60	407.54	468.67
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	61	421.96	485.25
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	62	431.43	496.14
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	63	443.29	509.78
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	64	450.35	517.90
14002TN0360006	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	450.35	517.90

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	97.24	97.24
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	21	153.13	176.10
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	22	153.13	176.10
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	23	153.13	176.10
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	24	153.13	176.10
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	25	153.74	176.80
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	26	156.81	180.33
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	27	160.48	184.55
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	28	166.45	191.42
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	29	171.36	197.06
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	30	173.80	199.87
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	31	177.49	204.11
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	32	181.16	208.33
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	33	183.45	210.97
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	34	185.90	213.79
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	35	187.12	215.19
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	36	188.36	216.61
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	37	189.58	218.02
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	38	190.81	219.43
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	39	193.25	222.24
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	40	195.70	225.06
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	41	199.37	229.28
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	42	202.90	233.34

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	43	207.80	238.97
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	44	213.93	246.02
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	45	221.13	254.30
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	46	229.70	264.16
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	47	239.34	275.24
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	48	250.37	287.93
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	49	261.24	300.43
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	50	273.49	314.51
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	51	285.60	328.44
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	52	298.92	343.76
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	53	312.39	359.25
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	54	326.93	375.97
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	55	341.49	392.71
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	56	357.26	410.85
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	57	373.19	429.17
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	58	390.18	448.71
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	59	398.60	458.39
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	60	415.60	477.94
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	61	430.30	494.85
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	62	439.95	505.94
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	63	452.05	519.86
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	64	459.25	528.14
14002TN0360006	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	459.25	528.14

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	100.35	100.35
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	21	158.02	181.72
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	22	158.02	181.72
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	23	158.02	181.72
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	24	158.02	181.72
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	25	158.65	182.45
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	26	161.81	186.08
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	27	165.60	190.44
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	28	171.77	197.54
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	29	176.83	203.35
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	30	179.35	206.25
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	31	183.16	210.63
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	32	186.95	214.99
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	33	189.31	217.71
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	34	191.84	220.62
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	35	193.10	222.07
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	36	194.37	223.53
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	37	195.63	224.97
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	38	196.90	226.44
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	39	199.42	229.33
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	40	201.95	232.24
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	41	205.74	236.60
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	42	209.38	240.79

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	43	214.44	246.61
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	44	220.76	253.87
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	45	228.19	262.42
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	46	237.04	272.60
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	47	246.99	284.04
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	48	258.37	297.13
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	49	269.59	310.03
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	50	282.23	324.56
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	51	294.72	338.93
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	52	308.47	354.74
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	53	322.37	370.73
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	54	337.38	387.99
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	55	352.40	405.26
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	56	368.67	423.97
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	57	385.11	442.88
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	58	402.65	463.05
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	59	411.33	473.03
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	60	428.87	493.20
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	61	444.04	510.65
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	62	454.00	522.10
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	63	466.49	536.46
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	64	473.92	545.01
14002TN0360006	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	473.92	545.01

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	102.30	102.30
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	21	161.09	185.25
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	22	161.09	185.25
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	23	161.09	185.25
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	24	161.09	185.25
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	25	161.74	186.00
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	26	164.96	189.70
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	27	168.82	194.14
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	28	175.11	201.38
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	29	180.27	207.31
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	30	182.84	210.27
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	31	186.71	214.72
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	32	190.58	219.17
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	33	192.99	221.94
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	34	195.57	224.91
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	35	196.85	226.38
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	36	198.15	227.87
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	37	199.43	229.34
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	38	200.73	230.84
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	39	203.30	233.80
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	40	205.88	236.76
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	41	209.74	241.20
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	42	213.45	245.47

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	43	218.61	251.40
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	44	225.05	258.81
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	45	232.62	267.51
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	46	241.65	277.90
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	47	251.79	289.56
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	48	263.39	302.90
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	49	274.83	316.05
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	50	287.72	330.88
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	51	300.45	345.52
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	52	314.46	361.63
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	53	328.63	377.92
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	54	343.93	395.52
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	55	359.24	413.13
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	56	375.84	432.22
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	57	392.59	451.48
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	58	410.47	472.04
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	59	419.33	482.23
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	60	437.21	502.79
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	61	452.67	520.57
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	62	462.83	532.25
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	63	475.56	546.89
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	64	483.13	555.60
14002TN0360006	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	483.13	555.60

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	89.87	89.87
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	21	141.52	162.75
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	22	141.52	162.75
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	23	141.52	162.75
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	24	141.52	162.75
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	25	142.09	163.40
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	26	144.92	166.66
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	27	148.31	170.56
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	28	153.83	176.90
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	29	158.37	182.13
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	30	160.62	184.71
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	31	164.03	188.63
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	32	167.42	192.53
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	33	169.54	194.97
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	34	171.81	197.58
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	35	172.94	198.88
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	36	174.08	200.19
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	37	175.20	201.48
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	38	176.34	202.79
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	39	178.60	205.39
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	40	180.86	207.99
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	41	184.26	211.90
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	42	187.52	215.65

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	43	192.05	220.86
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	44	197.71	227.37
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	45	204.36	235.01
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	46	212.29	244.13
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	47	221.20	254.38
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	48	231.39	266.10
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	49	241.44	277.66
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	50	252.76	290.67
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	51	263.94	303.53
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	52	276.26	317.70
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	53	288.71	332.02
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	54	302.15	347.47
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	55	315.60	362.94
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	56	330.18	379.71
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	57	344.89	396.62
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	58	360.60	414.69
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	59	368.38	423.64
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	60	384.09	441.70
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	61	397.68	457.33
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	62	406.59	467.58
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	63	417.78	480.45
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	64	424.43	488.09
14002TN0360006	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	424.43	488.09

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	98.68	98.68
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	21	155.40	178.71
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	22	155.40	178.71
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	23	155.40	178.71
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	24	155.40	178.71
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	25	156.01	179.41
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	26	159.12	182.99
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	27	162.85	187.28
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	28	168.91	194.25
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	29	173.89	199.97
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	30	176.37	202.83
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	31	180.11	207.13
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	32	183.84	211.42
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	33	186.16	214.08
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	34	188.65	216.95
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	35	189.89	218.37
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	36	191.14	219.81
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	37	192.38	221.24
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	38	193.63	222.67
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	39	196.10	225.52
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	40	198.59	228.38
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	41	202.32	232.67
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	42	205.90	236.79

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	43	210.87	242.50
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	44	217.09	249.65
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	45	224.39	258.05
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	46	233.10	268.07
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	47	242.88	279.31
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	48	254.07	292.18
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	49	265.10	304.87
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	50	277.54	319.17
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	51	289.82	333.29
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	52	303.34	348.84
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	53	317.01	364.56
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	54	331.76	381.52
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	55	346.53	398.51
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	56	362.54	416.92
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	57	378.70	435.51
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	58	395.95	455.34
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	59	404.49	465.16
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	60	421.74	485.00
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	61	436.66	502.16
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	62	446.45	513.42
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	63	458.73	527.54
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	64	466.03	535.93
14002TN0360006	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	466.03	535.93

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	77.66	77.66
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	21	122.30	140.65
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	22	122.30	140.65
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	23	122.30	140.65
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	24	122.30	140.65
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	25	122.79	141.21
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	26	125.24	144.03
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	27	128.18	147.41
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	28	132.94	152.88
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	29	136.86	157.39
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	30	138.82	159.64
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	31	141.74	163.00
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	32	144.68	166.38
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	33	146.52	168.50
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	34	148.48	170.75
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	35	149.46	171.88
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	36	150.43	172.99
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	37	151.40	174.11
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	38	152.38	175.24
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	39	154.34	177.49
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	40	156.30	179.75
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	41	159.24	183.13
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	42	162.05	186.36

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	43	165.96	190.85
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	44	170.86	196.49
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	45	176.60	203.09
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	46	183.46	210.98
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	47	191.16	219.83
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	48	199.96	229.95
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	49	208.64	239.94
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	50	218.43	251.19
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	51	228.09	262.30
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	52	238.73	274.54
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	53	249.50	286.93
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	54	261.12	300.29
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	55	272.73	313.64
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	56	285.33	328.13
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	57	298.04	342.75
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	58	311.62	358.36
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	59	318.35	366.10
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	60	331.92	381.71
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	61	343.66	395.21
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	62	351.37	404.08
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	63	361.03	415.18
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	64	366.78	421.80
14002TN0360001	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	366.78	421.80

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	73.00	73.00
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	21	114.96	132.20
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	22	114.96	132.20
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	23	114.96	132.20
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	24	114.96	132.20
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	25	115.42	132.73
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	26	117.72	135.38
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	27	120.48	138.55
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	28	124.96	143.70
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	29	128.64	147.94
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	30	130.48	150.05
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	31	133.23	153.21
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	32	135.99	156.39
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	33	137.72	158.38
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	34	139.56	160.49
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	35	140.48	161.55
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	36	141.39	162.60
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	37	142.31	163.66
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	38	143.23	164.71
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	39	145.08	166.84
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	40	146.92	168.96
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	41	149.68	172.13
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	42	152.32	175.17

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	43	156.00	179.40
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	44	160.60	184.69
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	45	166.00	190.90
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	46	172.44	198.31
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	47	179.68	206.63
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	48	187.96	216.15
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	49	196.12	225.54
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	50	205.31	236.11
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	51	214.39	246.55
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	52	224.39	258.05
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	53	234.52	269.70
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	54	245.44	282.26
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	55	256.35	294.80
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	56	268.19	308.42
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	57	280.15	322.17
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	58	292.91	336.85
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	59	299.23	344.11
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	60	311.99	358.79
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	61	323.03	371.48
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	62	330.27	379.81
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	63	339.35	390.25
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	64	344.76	396.47
14002TN0360001	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	344.76	396.47

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	75.24	75.24
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	21	118.49	136.26
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	22	118.49	136.26
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	23	118.49	136.26
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	24	118.49	136.26
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	25	118.96	136.80
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	26	121.33	139.53
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	27	124.18	142.81
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	28	128.79	148.11
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	29	132.59	152.48
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	30	134.49	154.66
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	31	137.32	157.92
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	32	140.17	161.20
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	33	141.95	163.24
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	34	143.85	165.43
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	35	144.79	166.51
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	36	145.73	167.59
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	37	146.68	168.68
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	38	147.63	169.77
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	39	149.53	171.96
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	40	151.42	174.13
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	41	154.27	177.41
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	42	156.99	180.54

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	43	160.78	184.90
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	44	165.53	190.36
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	45	171.09	196.75
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	46	177.73	204.39
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	47	185.20	212.98
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	48	193.72	222.78
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	49	202.13	232.45
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	50	211.61	243.35
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	51	220.97	254.12
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	52	231.28	265.97
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	53	241.71	277.97
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	54	252.97	290.92
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	55	264.22	303.85
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	56	276.42	317.88
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	57	288.75	332.06
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	58	301.90	347.19
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	59	308.41	354.67
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	60	321.57	369.81
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	61	332.94	382.88
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	62	340.40	391.46
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	63	349.76	402.22
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	64	355.34	408.64
14002TN0360001	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	355.34	408.64

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	79.96	79.96
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	21	125.93	144.82
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	22	125.93	144.82
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	23	125.93	144.82
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	24	125.93	144.82
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	25	126.43	145.39
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	26	128.95	148.29
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	27	131.97	151.77
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	28	136.88	157.41
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	29	140.91	162.05
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	30	142.93	164.37
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	31	145.94	167.83
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	32	148.97	171.32
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	33	150.86	173.49
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	34	152.88	175.81
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	35	153.89	176.97
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	36	154.88	178.11
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	37	155.89	179.27
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	38	156.90	180.44
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	39	158.92	182.76
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	40	160.93	185.07
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	41	163.96	188.55
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	42	166.85	191.88

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	43	170.88	196.51
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	44	175.92	202.31
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	45	181.84	209.12
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	46	188.89	217.22
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	47	196.83	226.35
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	48	205.89	236.77
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	49	214.83	247.05
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	50	224.90	258.64
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	51	234.85	270.08
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	52	245.80	282.67
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	53	256.89	295.42
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	54	268.86	309.19
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	55	280.81	322.93
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	56	293.78	337.85
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	57	306.88	352.91
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	58	320.86	368.99
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	59	327.78	376.95
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	60	341.76	393.02
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	61	353.85	406.93
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	62	361.78	416.05
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	63	371.73	427.49
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	64	377.65	434.30
14002TN0360001	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	377.65	434.30

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	80.91	80.91
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	21	127.42	146.53
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	22	127.42	146.53
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	23	127.42	146.53
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	24	127.42	146.53
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	25	127.93	147.12
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	26	130.48	150.05
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	27	133.54	153.57
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	28	138.51	159.29
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	29	142.59	163.98
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	30	144.63	166.32
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	31	147.68	169.83
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	32	150.74	173.35
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	33	152.65	175.55
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	34	154.69	177.89
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	35	155.71	179.07
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	36	156.72	180.23
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	37	157.74	181.40
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	38	158.76	182.57
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	39	160.80	184.92
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	40	162.84	187.27
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	41	165.90	190.79
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	42	168.83	194.15

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	43	172.91	198.85
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	44	178.01	204.71
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	45	184.00	211.60
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	46	191.14	219.81
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	47	199.16	229.03
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	48	208.33	239.58
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	49	217.38	249.99
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	50	227.57	261.71
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	51	237.63	273.27
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	52	248.72	286.03
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	53	259.94	298.93
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	54	272.05	312.86
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	55	284.14	326.76
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	56	297.27	341.86
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	57	310.52	357.10
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	58	324.67	373.37
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	59	331.67	381.42
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	60	345.82	397.69
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	61	358.05	411.76
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	62	366.08	420.99
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	63	376.14	432.56
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	64	382.14	439.46
14002TN0360001	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	382.14	439.46

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	77.55	77.55
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	21	122.13	140.45
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	22	122.13	140.45
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	23	122.13	140.45
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	24	122.13	140.45
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	25	122.62	141.01
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	26	125.06	143.82
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	27	127.99	147.19
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	28	132.75	152.66
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	29	136.66	157.16
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	30	138.62	159.41
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	31	141.54	162.77
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	32	144.48	166.15
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	33	146.31	168.26
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	34	148.27	170.51
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	35	149.25	171.64
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	36	150.21	172.74
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	37	151.19	173.87
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	38	152.17	175.00
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	39	154.12	177.24
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	40	156.08	179.49
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	41	159.01	182.86
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	42	161.82	186.09

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	43	165.73	190.59
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	44	170.62	196.21
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	45	176.35	202.80
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	46	183.20	210.68
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	47	190.89	219.52
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	48	199.68	229.63
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	49	208.35	239.60
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	50	218.12	250.84
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	51	227.76	261.92
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	52	238.39	274.15
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	53	249.15	286.52
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	54	260.75	299.86
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	55	272.34	313.19
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	56	284.92	327.66
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	57	297.62	342.26
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	58	311.18	357.86
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	59	317.90	365.59
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	60	331.46	381.18
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	61	343.18	394.66
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	62	350.87	403.50
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	63	360.52	414.60
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	64	366.26	421.20
14002TN0360001	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	366.26	421.20

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	72.49	72.49
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	21	114.16	131.28
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	22	114.16	131.28
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	23	114.16	131.28
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	24	114.16	131.28
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	25	114.62	131.81
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	26	116.90	134.44
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	27	119.64	137.59
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	28	124.09	142.70
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	29	127.75	146.91
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	30	129.58	149.02
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	31	132.31	152.16
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	32	135.05	155.31
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	33	136.77	157.29
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	34	138.60	159.39
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	35	139.51	160.44
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	36	140.41	161.47
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	37	141.33	162.53
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	38	142.24	163.58
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	39	144.07	165.68
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	40	145.90	167.79
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	41	148.64	170.94
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	42	151.26	173.95

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	43	154.92	178.16
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	44	159.49	183.41
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	45	164.85	189.58
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	46	171.25	196.94
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	47	178.44	205.21
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	48	186.65	214.65
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	49	194.76	223.97
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	50	203.89	234.47
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	51	212.91	244.85
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	52	222.84	256.27
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	53	232.89	267.82
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	54	243.74	280.30
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	55	254.58	292.77
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	56	266.34	306.29
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	57	278.21	319.94
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	58	290.88	334.51
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	59	297.16	341.73
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	60	309.83	356.30
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	61	320.79	368.91
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	62	327.98	377.18
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	63	337.00	387.55
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	64	342.37	393.73
14002TN0360001	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	342.37	393.73

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	81.14	81.14
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	21	127.79	146.96
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	22	127.79	146.96
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	23	127.79	146.96
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	24	127.79	146.96
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	25	128.30	147.55
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	26	130.86	150.49
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	27	133.93	154.02
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	28	138.90	159.74
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	29	143.00	164.45
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	30	145.04	166.80
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	31	148.10	170.32
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	32	151.17	173.85
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	33	153.09	176.05
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	34	155.14	178.41
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	35	156.16	179.58
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	36	157.17	180.75
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	37	158.20	181.93
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	38	159.22	183.10
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	39	161.27	185.46
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	40	163.31	187.81
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	41	166.38	191.34
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	42	169.31	194.71

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	43	173.41	199.42
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	44	178.52	205.30
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	45	184.52	212.20
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	46	191.69	220.44
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	47	199.73	229.69
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	48	208.93	240.27
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	49	218.00	250.70
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	50	228.22	262.45
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	51	238.32	274.07
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	52	249.44	286.86
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	53	260.69	299.79
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	54	272.83	313.75
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	55	284.96	327.70
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	56	298.12	342.84
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	57	311.41	358.12
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	58	325.60	374.44
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	59	332.63	382.52
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	60	346.81	398.83
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	61	359.08	412.94
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	62	367.13	422.20
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	63	377.22	433.80
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	64	383.23	440.71
14002TN0360001	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	383.23	440.71

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	81.51	81.51
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	21	128.37	147.63
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	22	128.37	147.63
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	23	128.37	147.63
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	24	128.37	147.63
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	25	128.88	148.21
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	26	131.45	151.17
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	27	134.53	154.71
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	28	139.54	160.47
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	29	143.65	165.20
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	30	145.70	167.56
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	31	148.77	171.09
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	32	151.86	174.64
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	33	153.79	176.86
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	34	155.84	179.22
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	35	156.87	180.40
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	36	157.89	181.57
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	37	158.92	182.76
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	38	159.94	183.93
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	39	162.00	186.30
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	40	164.05	188.66
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	41	167.14	192.21
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	42	170.08	195.59

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	43	174.19	200.32
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	44	179.33	206.23
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	45	185.36	213.16
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	46	192.56	221.44
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	47	200.64	230.74
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	48	209.88	241.36
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	49	218.99	251.84
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	50	229.26	263.65
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	51	239.40	275.31
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	52	250.57	288.16
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	53	261.87	301.15
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	54	274.07	315.18
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	55	286.26	329.20
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	56	299.48	344.40
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	57	312.83	359.75
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	58	327.08	376.14
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	59	334.14	384.26
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	60	348.39	400.65
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	61	360.71	414.82
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	62	368.80	424.12
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	63	378.94	435.78
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	64	384.98	442.73
14002TN0360007	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	384.98	442.73

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	83.29	83.29
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	21	131.17	150.85
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	22	131.17	150.85
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	23	131.17	150.85
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	24	131.17	150.85
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	25	131.70	151.46
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	26	134.32	154.47
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	27	137.47	158.09
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	28	142.59	163.98
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	29	146.79	168.81
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	30	148.89	171.22
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	31	152.03	174.83
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	32	155.18	178.46
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	33	157.15	180.72
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	34	159.25	183.14
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	35	160.30	184.35
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	36	161.34	185.54
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	37	162.39	186.75
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	38	163.44	187.96
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	39	165.54	190.37
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	40	167.64	192.79
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	41	170.79	196.41
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	42	173.80	199.87

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	43	178.00	204.70
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	44	183.25	210.74
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	45	189.41	217.82
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	46	196.76	226.27
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	47	205.03	235.78
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	48	214.47	246.64
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	49	223.78	257.35
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	50	234.27	269.41
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	51	244.63	281.32
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	52	256.04	294.45
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	53	267.60	307.74
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	54	280.06	322.07
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	55	292.51	336.39
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	56	306.02	351.92
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	57	319.66	367.61
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	58	334.23	384.36
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	59	341.44	392.66
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	60	356.00	409.40
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	61	368.59	423.88
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	62	376.86	433.39
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	63	387.22	445.30
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	64	393.39	452.40
14002TN0360007	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	393.39	452.40

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	87.77	87.77
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	21	138.22	158.95
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	22	138.22	158.95
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	23	138.22	158.95
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	24	138.22	158.95
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	25	138.77	159.59
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	26	141.54	162.77
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	27	144.86	166.59
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	28	150.24	172.78
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	29	154.67	177.87
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	30	156.88	180.41
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	31	160.19	184.22
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	32	163.51	188.04
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	33	165.59	190.43
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	34	167.80	192.97
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	35	168.91	194.25
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	36	170.00	195.50
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	37	171.11	196.78
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	38	172.22	198.05
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	39	174.43	200.59
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	40	176.64	203.14
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	41	179.96	206.95
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	42	183.14	210.61

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	43	187.56	215.69
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	44	193.10	222.07
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	45	199.59	229.53
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	46	207.33	238.43
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	47	216.04	248.45
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	48	225.99	259.89
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	49	235.80	271.17
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	50	246.85	283.88
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	51	257.77	296.44
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	52	269.80	310.27
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	53	281.97	324.27
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	54	295.10	339.37
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	55	308.22	354.45
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	56	322.46	370.83
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	57	336.84	387.37
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	58	352.18	405.01
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	59	359.78	413.75
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	60	375.13	431.40
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	61	388.39	446.65
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	62	397.10	456.67
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	63	408.02	469.22
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	64	414.52	476.70
14002TN0360007	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	414.52	476.70

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	89.50	89.50
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	21	140.95	162.09
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	22	140.95	162.09
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	23	140.95	162.09
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	24	140.95	162.09
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	25	141.51	162.74
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	26	144.34	165.99
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	27	147.72	169.88
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	28	153.21	176.19
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	29	157.73	181.39
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	30	159.98	183.98
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	31	163.36	187.86
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	32	166.74	191.75
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	33	168.86	194.19
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	34	171.12	196.79
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	35	172.25	198.09
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	36	173.36	199.36
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	37	174.49	200.66
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	38	175.62	201.96
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	39	177.88	204.56
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	40	180.13	207.15
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	41	183.52	211.05
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	42	186.75	214.76

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	43	191.27	219.96
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	44	196.91	226.45
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	45	203.53	234.06
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	46	211.43	243.14
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	47	220.31	253.36
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	48	230.45	265.02
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	49	240.46	276.53
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	50	251.73	289.49
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	51	262.87	302.30
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	52	275.13	316.40
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	53	287.54	330.67
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	54	300.93	346.07
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	55	314.31	361.46
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	56	328.83	378.15
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	57	343.49	395.01
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	58	359.14	413.01
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	59	366.89	421.92
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	60	382.54	439.92
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	61	396.07	455.48
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	62	404.94	465.68
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	63	416.08	478.49
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	64	422.71	486.12
14002TN0360007	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	422.71	486.12

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	92.36	92.36
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	21	145.45	167.27
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	22	145.45	167.27
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	23	145.45	167.27
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	24	145.45	167.27
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	25	146.03	167.93
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	26	148.95	171.29
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	27	152.44	175.31
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	28	158.11	181.83
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	29	162.76	187.17
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	30	165.09	189.85
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	31	168.58	193.87
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	32	172.07	197.88
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	33	174.26	200.40
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	34	176.58	203.07
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	35	177.75	204.41
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	36	178.90	205.74
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	37	180.07	207.08
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	38	181.23	208.41
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	39	183.56	211.09
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	40	185.89	213.77
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	41	189.38	217.79
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	42	192.72	221.63

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	43	197.38	226.99
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	44	203.20	233.68
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	45	210.03	241.53
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	46	218.18	250.91
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	47	227.35	261.45
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	48	237.81	273.48
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	49	248.14	285.36
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	50	259.77	298.74
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	51	271.26	311.95
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	52	283.92	326.51
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	53	296.73	341.24
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	54	310.55	357.13
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	55	324.35	373.00
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	56	339.34	390.24
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	57	354.46	407.63
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	58	370.61	426.20
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	59	378.61	435.40
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	60	394.76	453.97
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	61	408.72	470.03
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	62	417.88	480.56
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	63	429.37	493.78
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	64	436.21	501.64
14002TN0360007	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	436.21	501.64

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	94.16	94.16
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	21	148.28	170.52
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	22	148.28	170.52
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	23	148.28	170.52
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	24	148.28	170.52
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	25	148.87	171.20
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	26	151.84	174.62
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	27	155.40	178.71
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	28	161.18	185.36
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	29	165.93	190.82
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	30	168.30	193.55
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	31	171.85	197.63
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	32	175.41	201.72
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	33	177.64	204.29
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	34	180.02	207.02
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	35	181.20	208.38
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	36	182.38	209.74
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	37	183.57	211.11
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	38	184.75	212.46
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	39	187.13	215.20
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	40	189.50	217.93
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	41	193.06	222.02
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	42	196.47	225.94

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	43	201.21	231.39
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	44	207.15	238.22
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	45	214.11	246.23
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	46	222.42	255.78
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	47	231.76	266.52
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	48	242.44	278.81
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	49	252.96	290.90
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	50	264.82	304.54
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	51	276.53	318.01
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	52	289.44	332.86
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	53	302.49	347.86
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	54	316.58	364.07
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	55	330.66	380.26
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	56	345.93	397.82
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	57	361.35	415.55
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	58	377.81	434.48
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	59	385.97	443.87
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	60	402.43	462.79
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	61	416.66	479.16
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	62	426.00	489.90
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	63	437.71	503.37
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	64	444.69	511.39
14002TN0360007	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	444.69	511.39

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	82.72	82.72
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	21	130.26	149.80
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	22	130.26	149.80
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	23	130.26	149.80
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	24	130.26	149.80
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	25	130.79	150.41
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	26	133.39	153.40
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	27	136.52	157.00
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	28	141.60	162.84
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	29	145.77	167.64
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	30	147.85	170.03
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	31	150.97	173.62
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	32	154.10	177.22
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	33	156.06	179.47
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	34	158.14	181.86
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	35	159.19	183.07
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	36	160.22	184.25
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	37	161.26	185.45
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	38	162.31	186.66
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	39	164.39	189.05
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	40	166.48	191.45
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	41	169.61	195.05
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	42	172.60	198.49

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	43	176.77	203.29
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	44	181.98	209.28
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	45	188.10	216.32
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	46	195.40	224.71
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	47	203.61	234.15
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	48	212.98	244.93
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	49	222.23	255.56
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	50	232.65	267.55
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	51	242.94	279.38
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	52	254.27	292.41
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	53	265.74	305.60
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	54	278.12	319.84
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	55	290.48	334.05
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	56	303.90	349.49
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	57	317.45	365.07
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	58	331.91	381.70
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	59	339.07	389.93
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	60	353.53	406.56
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	61	366.04	420.95
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	62	374.24	430.38
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	63	384.53	442.21
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	64	390.66	449.26
14002TN0360007	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	390.66	449.26

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	90.83	90.83
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	21	143.03	164.48
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	22	143.03	164.48
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	23	143.03	164.48
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	24	143.03	164.48
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	25	143.61	165.15
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	26	146.47	168.44
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	27	149.90	172.39
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	28	155.48	178.80
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	29	160.06	184.07
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	30	162.35	186.70
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	31	165.77	190.64
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	32	169.21	194.59
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	33	171.36	197.06
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	34	173.65	199.70
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	35	174.79	201.01
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	36	175.93	202.32
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	37	177.07	203.63
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	38	178.22	204.95
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	39	180.51	207.59
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	40	182.80	210.22
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	41	186.23	214.16
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	42	189.51	217.94

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	43	194.10	223.22
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	44	199.82	229.79
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	45	206.54	237.52
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	46	214.56	246.74
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	47	223.56	257.09
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	48	233.86	268.94
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	49	244.01	280.61
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	50	255.45	293.77
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	51	266.75	306.76
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	52	279.19	321.07
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	53	291.79	335.56
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	54	305.38	351.19
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	55	318.96	366.80
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	56	333.69	383.74
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	57	348.57	400.86
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	58	364.45	419.12
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	59	372.31	428.16
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	60	388.19	446.42
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	61	401.92	462.21
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	62	410.93	472.57
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	63	422.23	485.56
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	64	428.96	493.30
14002TN0360007	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	428.96	493.30

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	87.45	87.45
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	21	137.73	158.39
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	22	137.73	158.39
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	23	137.73	158.39
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	24	137.73	158.39
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	25	138.28	159.02
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	26	141.03	162.18
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	27	144.34	165.99
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	28	149.71	172.17
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	29	154.11	177.23
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	30	156.32	179.77
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	31	159.63	183.57
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	32	162.93	187.37
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	33	164.99	189.74
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	34	167.20	192.28
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	35	168.30	193.55
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	36	169.41	194.82
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	37	170.51	196.09
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	38	171.61	197.35
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	39	173.81	199.88
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	40	176.01	202.41
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	41	179.32	206.22
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	42	182.49	209.86

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	43	186.89	214.92
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	44	192.41	221.27
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	45	198.88	228.71
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	46	206.60	237.59
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	47	215.27	247.56
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	48	225.18	258.96
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	49	234.96	270.20
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	50	245.98	282.88
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	51	256.86	295.39
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	52	268.84	309.17
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	53	280.96	323.10
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	54	294.05	338.16
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	55	307.14	353.21
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	56	321.31	369.51
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	57	335.64	385.99
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	58	350.93	403.57
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	59	358.50	412.28
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	60	373.79	429.86
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	61	387.01	445.06
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	62	395.69	455.04
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	63	406.57	467.56
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	64	413.04	475.00
14002TN0360002	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	413.04	475.00

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	82.20	82.20
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	21	129.46	148.88
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	22	129.46	148.88
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	23	129.46	148.88
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	24	129.46	148.88
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	25	129.97	149.47
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	26	132.57	152.46
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	27	135.67	156.02
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	28	140.72	161.83
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	29	144.86	166.59
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	30	146.93	168.97
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	31	150.04	172.55
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	32	153.15	176.12
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	33	155.09	178.35
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	34	157.16	180.73
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	35	158.19	181.92
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	36	159.24	183.13
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	37	160.27	184.31
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	38	161.30	185.50
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	39	163.38	187.89
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	40	165.44	190.26
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	41	168.55	193.83
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	42	171.53	197.26

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	43	175.67	202.02
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	44	180.86	207.99
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	45	186.94	214.98
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	46	194.19	223.32
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	47	202.34	232.69
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	48	211.66	243.41
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	49	220.85	253.98
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	50	231.21	265.89
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	51	241.44	277.66
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	52	252.70	290.61
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	53	264.09	303.70
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	54	276.39	317.85
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	55	288.70	332.01
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	56	302.02	347.32
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	57	315.49	362.81
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	58	329.86	379.34
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	59	336.98	387.53
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	60	351.34	404.04
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	61	363.78	418.35
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	62	371.93	427.72
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	63	382.16	439.48
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	64	388.24	446.48
14002TN0360002	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	388.24	446.48

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	84.72	84.72
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	21	133.43	153.44
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	22	133.43	153.44
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	23	133.43	153.44
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	24	133.43	153.44
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	25	133.96	154.05
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	26	136.63	157.12
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	27	139.84	160.82
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	28	145.04	166.80
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	29	149.30	171.70
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	30	151.44	174.16
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	31	154.65	177.85
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	32	157.85	181.53
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	33	159.85	183.83
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	34	161.98	186.28
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	35	163.05	187.51
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	36	164.12	188.74
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	37	165.19	189.97
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	38	166.25	191.19
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	39	168.39	193.65
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	40	170.52	196.10
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	41	173.73	199.79
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	42	176.79	203.31

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	43	181.06	208.22
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	44	186.41	214.37
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	45	192.68	221.58
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	46	200.15	230.17
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	47	208.55	239.83
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	48	218.15	250.87
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	49	227.63	261.77
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	50	238.31	274.06
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	51	248.85	286.18
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	52	260.45	299.52
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	53	272.19	313.02
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	54	284.87	327.60
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	55	297.55	342.18
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	56	311.29	357.98
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	57	325.17	373.95
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	58	339.98	390.98
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	59	347.32	399.42
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	60	362.12	416.44
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	61	374.94	431.18
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	62	383.34	440.84
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	63	393.88	452.96
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	64	400.15	460.17
14002TN0360002	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	400.15	460.17

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	90.04	90.04
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	21	141.81	163.08
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	22	141.81	163.08
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	23	141.81	163.08
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	24	141.81	163.08
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	25	142.38	163.74
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	26	145.21	166.99
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	27	148.62	170.91
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	28	154.14	177.26
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	29	158.68	182.48
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	30	160.95	185.09
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	31	164.36	189.01
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	32	167.76	192.92
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	33	169.88	195.36
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	34	172.16	197.98
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	35	173.29	199.28
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	36	174.43	200.59
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	37	175.56	201.89
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	38	176.69	203.19
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	39	178.97	205.82
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	40	181.23	208.41
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	41	184.64	212.34
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	42	187.90	216.09

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	43	192.43	221.29
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	44	198.11	227.83
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	45	204.78	235.50
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	46	212.72	244.63
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	47	221.65	254.90
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	48	231.85	266.63
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	49	241.92	278.21
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	50	253.27	291.26
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	51	264.47	304.14
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	52	276.81	318.33
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	53	289.29	332.68
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	54	302.76	348.17
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	55	316.24	363.68
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	56	330.84	380.47
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	57	345.59	397.43
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	58	361.33	415.53
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	59	369.13	424.50
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	60	384.87	442.60
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	61	398.49	458.26
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	62	407.42	468.53
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	63	418.62	481.41
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	64	425.28	489.07
14002TN0360002	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	425.28	489.07

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	91.11	91.11
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	21	143.49	165.01
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	22	143.49	165.01
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	23	143.49	165.01
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	24	143.49	165.01
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	25	144.07	165.68
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	26	146.94	168.98
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	27	150.38	172.94
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	28	155.97	179.37
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	29	160.56	184.64
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	30	162.86	187.29
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	31	166.31	191.26
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	32	169.76	195.22
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	33	171.90	197.69
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	34	174.20	200.33
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	35	175.35	201.65
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	36	176.50	202.98
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	37	177.65	204.30
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	38	178.79	205.61
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	39	181.09	208.25
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	40	183.38	210.89
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	41	186.83	214.85
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	42	190.13	218.65

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	43	194.72	223.93
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	44	200.46	230.53
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	45	207.21	238.29
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	46	215.24	247.53
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	47	224.28	257.92
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	48	234.61	269.80
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	49	244.80	281.52
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	50	256.28	294.72
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	51	267.61	307.75
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	52	280.09	322.10
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	53	292.72	336.63
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	54	306.36	352.31
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	55	319.99	367.99
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	56	334.76	384.97
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	57	349.69	402.14
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	58	365.62	420.46
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	59	373.51	429.54
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	60	389.43	447.84
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	61	403.22	463.70
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	62	412.25	474.09
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	63	423.59	487.13
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	64	430.33	494.88
14002TN0360002	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	430.33	494.88

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	87.33	87.33
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	21	137.53	158.16
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	22	137.53	158.16
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	23	137.53	158.16
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	24	137.53	158.16
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	25	138.08	158.79
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	26	140.84	161.97
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	27	144.14	165.76
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	28	149.50	171.93
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	29	153.89	176.97
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	30	156.10	179.52
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	31	159.40	183.31
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	32	162.70	187.11
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	33	164.76	189.47
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	34	166.96	192.00
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	35	168.06	193.27
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	36	169.17	194.55
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	37	170.27	195.81
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	38	171.36	197.06
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	39	173.57	199.61
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	40	175.76	202.12
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	41	179.07	205.93
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	42	182.23	209.56

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	43	186.63	214.62
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	44	192.14	220.96
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	45	198.60	228.39
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	46	206.30	237.25
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	47	214.96	247.20
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	48	224.86	258.59
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	49	234.63	269.82
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	50	245.63	282.47
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	51	256.50	294.98
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	52	268.46	308.73
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	53	280.56	322.64
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	54	293.63	337.67
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	55	306.70	352.71
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	56	320.86	368.99
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	57	335.17	385.45
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	58	350.43	402.99
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	59	357.99	411.69
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	60	373.26	429.25
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	61	386.47	444.44
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	62	395.13	454.40
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	63	405.99	466.89
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	64	412.46	474.33
14002TN0360002	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	412.46	474.33

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	81.63	81.63
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	21	128.56	147.84
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	22	128.56	147.84
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	23	128.56	147.84
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	24	128.56	147.84
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	25	129.07	148.43
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	26	131.65	151.40
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	27	134.73	154.94
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	28	139.74	160.70
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	29	143.86	165.44
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	30	145.92	167.81
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	31	149.00	171.35
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	32	152.09	174.90
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	33	154.01	177.11
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	34	156.07	179.48
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	35	157.10	180.67
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	36	158.13	181.85
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	37	159.16	183.03
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	38	160.19	184.22
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	39	162.25	186.59
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	40	164.30	188.95
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	41	167.39	192.50
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	42	170.34	195.89

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	43	174.45	200.62
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	44	179.60	206.54
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	45	185.65	213.50
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	46	192.85	221.78
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	47	200.94	231.08
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	48	210.19	241.72
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	49	219.32	252.22
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	50	229.61	264.05
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	51	239.77	275.74
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	52	250.95	288.59
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	53	262.26	301.60
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	54	274.48	315.65
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	55	286.69	329.69
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	56	299.93	344.92
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	57	313.30	360.30
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	58	327.57	376.71
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	59	334.64	384.84
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	60	348.91	401.25
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	61	361.26	415.45
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	62	369.35	424.75
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	63	379.51	436.44
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	64	385.55	443.38
14002TN0360002	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	385.55	443.38

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	91.37	91.37
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	21	143.90	165.49
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	22	143.90	165.49
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	23	143.90	165.49
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	24	143.90	165.49
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	25	144.48	166.15
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	26	147.36	169.46
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	27	150.82	173.44
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	28	156.42	179.88
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	29	161.03	185.18
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	30	163.33	187.83
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	31	166.79	191.81
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	32	170.24	195.78
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	33	172.39	198.25
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	34	174.70	200.91
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	35	175.85	202.23
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	36	177.01	203.56
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	37	178.16	204.88
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	38	179.30	206.20
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	39	181.61	208.85
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	40	183.91	211.50
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	41	187.36	215.46
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	42	190.67	219.27

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	43	195.28	224.57
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	44	201.04	231.20
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	45	207.80	238.97
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	46	215.86	248.24
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	47	224.92	258.66
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	48	235.28	270.57
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	49	245.50	282.33
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	50	257.01	295.56
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	51	268.38	308.64
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	52	280.90	323.04
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	53	293.56	337.59
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	54	307.24	353.33
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	55	320.91	369.05
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	56	335.73	386.09
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	57	350.70	403.31
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	58	366.67	421.67
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	59	374.58	430.77
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	60	390.55	449.13
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	61	404.37	465.03
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	62	413.44	475.46
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	63	424.80	488.52
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	64	431.57	496.31
14002TN0360002	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	431.57	496.31

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	91.79	91.79
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	21	144.56	166.24
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	22	144.56	166.24
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	23	144.56	166.24
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	24	144.56	166.24
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	25	145.14	166.91
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	26	148.03	170.23
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	27	151.50	174.23
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	28	157.13	180.70
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	29	161.76	186.02
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	30	164.07	188.68
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	31	167.55	192.68
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	32	171.02	196.67
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	33	173.18	199.16
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	34	175.49	201.81
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	35	176.65	203.15
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	36	177.81	204.48
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	37	178.97	205.82
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	38	180.12	207.14
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	39	182.44	209.81
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	40	184.74	212.45
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	41	188.22	216.45
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	42	191.54	220.27

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	43	196.16	225.58
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	44	201.95	232.24
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	45	208.75	240.06
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	46	216.84	249.37
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	47	225.95	259.84
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	48	236.35	271.80
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	49	246.62	283.61
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	50	258.18	296.91
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	51	269.60	310.04
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	52	282.18	324.51
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	53	294.90	339.14
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	54	308.63	354.92
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	55	322.37	370.73
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	56	337.25	387.84
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	57	352.29	405.13
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	58	368.33	423.58
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	59	376.28	432.72
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	60	392.33	451.18
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	61	406.21	467.14
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	62	415.31	477.61
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	63	426.73	490.74
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	64	433.53	498.56
14002TN0360008	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	433.53	498.56

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	93.80	93.80
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	21	147.72	169.88
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	22	147.72	169.88
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	23	147.72	169.88
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	24	147.72	169.88
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	25	148.31	170.56
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	26	151.27	173.96
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	27	154.81	178.03
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	28	160.57	184.66
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	29	165.29	190.08
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	30	167.66	192.81
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	31	171.21	196.89
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	32	174.75	200.96
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	33	176.96	203.50
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	34	179.33	206.23
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	35	180.51	207.59
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	36	181.70	208.96
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	37	182.88	210.31
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	38	184.06	211.67
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	39	186.42	214.38
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	40	188.78	217.10
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	41	192.33	221.18
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	42	195.73	225.09

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	43	200.45	230.52
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	44	206.37	237.33
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	45	213.31	245.31
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	46	221.58	254.82
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	47	230.88	265.51
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	48	241.51	277.74
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	49	252.00	289.80
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	50	263.82	303.39
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	51	275.49	316.81
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	52	288.34	331.59
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	53	301.34	346.54
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	54	315.38	362.69
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	55	329.42	378.83
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	56	344.62	396.31
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	57	359.99	413.99
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	58	376.38	432.84
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	59	384.51	442.19
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	60	400.90	461.04
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	61	415.09	477.35
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	62	424.39	488.05
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	63	436.06	501.47
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	64	443.00	509.45
14002TN0360008	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	443.00	509.45

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	98.83	98.83
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	21	155.65	179.00
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	22	155.65	179.00
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	23	155.65	179.00
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	24	155.65	179.00
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	25	156.27	179.71
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	26	159.39	183.30
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	27	163.13	187.60
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	28	169.19	194.57
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	29	174.17	200.30
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	30	176.67	203.17
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	31	180.40	207.46
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	32	184.14	211.76
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	33	186.47	214.44
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	34	188.96	217.30
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	35	190.21	218.74
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	36	191.46	220.18
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	37	192.70	221.61
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	38	193.94	223.03
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	39	196.44	225.91
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	40	198.92	228.76
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	41	202.66	233.06
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	42	206.24	237.18

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	43	211.22	242.90
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	44	217.45	250.07
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	45	224.77	258.49
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	46	233.49	268.51
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	47	243.29	279.78
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	48	254.49	292.66
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	49	265.54	305.37
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	50	278.00	319.70
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	51	290.29	333.83
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	52	303.83	349.40
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	53	317.53	365.16
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	54	332.32	382.17
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	55	347.11	399.18
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	56	363.13	417.60
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	57	379.33	436.23
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	58	396.60	456.09
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	59	405.16	465.93
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	60	422.44	485.81
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	61	437.39	503.00
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	62	447.19	514.27
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	63	459.48	528.40
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	64	466.80	536.82
14002TN0360008	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	466.80	536.82

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	100.79	100.79
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	21	158.73	182.54
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	22	158.73	182.54
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	23	158.73	182.54
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	24	158.73	182.54
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	25	159.36	183.26
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	26	162.54	186.92
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	27	166.35	191.30
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	28	172.53	198.41
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	29	177.61	204.25
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	30	180.16	207.18
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	31	183.97	211.57
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	32	187.78	215.95
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	33	190.15	218.67
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	34	192.70	221.61
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	35	193.96	223.05
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	36	195.24	224.53
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	37	196.51	225.99
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	38	197.77	227.44
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	39	200.32	230.37
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	40	202.85	233.28
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	41	206.66	237.66
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	42	210.31	241.86

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	43	215.39	247.70
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	44	221.75	255.01
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	45	229.21	263.59
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	46	238.10	273.82
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	47	248.09	285.30
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	48	259.52	298.45
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	49	270.79	311.41
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	50	283.49	326.01
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	51	296.03	340.43
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	52	309.83	356.30
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	53	323.80	372.37
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	54	338.89	389.72
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	55	353.97	407.07
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	56	370.31	425.86
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	57	386.82	444.84
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	58	404.44	465.11
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	59	413.17	475.15
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	60	430.78	495.40
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	61	446.03	512.93
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	62	456.02	524.42
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	63	468.56	538.84
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	64	476.02	547.42
14002TN0360008	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	476.02	547.42

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	104.01	104.01
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	21	163.80	188.37
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	22	163.80	188.37
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	23	163.80	188.37
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	24	163.80	188.37
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	25	164.45	189.12
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	26	167.73	192.89
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	27	171.66	197.41
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	28	178.05	204.76
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	29	183.29	210.78
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	30	185.91	213.80
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	31	189.84	218.32
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	32	193.78	222.85
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	33	196.23	225.66
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	34	198.85	228.68
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	35	200.16	230.18
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	36	201.48	231.70
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	37	202.78	233.20
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	38	204.09	234.70
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	39	206.72	237.73
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	40	209.33	240.73
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	41	213.26	245.25
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	42	217.03	249.58

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	43	222.27	255.61
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	44	228.83	263.15
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	45	236.53	272.01
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	46	245.70	282.56
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	47	256.02	294.42
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	48	267.81	307.98
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	49	279.44	321.36
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	50	292.54	336.42
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	51	305.48	351.30
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	52	319.73	367.69
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	53	334.14	384.26
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	54	349.71	402.17
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	55	365.28	420.07
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	56	382.14	439.46
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	57	399.18	459.06
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	58	417.36	479.96
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	59	426.36	490.31
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	60	444.54	511.22
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	61	460.28	529.32
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	62	470.59	541.18
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	63	483.53	556.06
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	64	491.23	564.91
14002TN0360008	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	491.23	564.91

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	106.03	106.03
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	21	166.98	192.03
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	22	166.98	192.03
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	23	166.98	192.03
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	24	166.98	192.03
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	25	167.65	192.80
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	26	170.99	196.64
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	27	175.00	201.25
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	28	181.51	208.74
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	29	186.85	214.88
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	30	189.52	217.95
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	31	193.53	222.56
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	32	197.54	227.17
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	33	200.04	230.05
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	34	202.72	233.13
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	35	204.05	234.66
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	36	205.39	236.20
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	37	206.73	237.74
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	38	208.06	239.27
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	39	210.74	242.35
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	40	213.40	245.41
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	41	217.41	250.02
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	42	221.25	254.44

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	43	226.59	260.58
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	44	233.28	268.27
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	45	241.13	277.30
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	46	250.48	288.05
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	47	260.99	300.14
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	48	273.01	313.96
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	49	284.87	327.60
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	50	298.23	342.96
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	51	311.42	358.13
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	52	325.94	374.83
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	53	340.64	391.74
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	54	356.51	409.99
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	55	372.38	428.24
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	56	389.56	447.99
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	57	406.93	467.97
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	58	425.47	489.29
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	59	434.65	499.85
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	60	453.18	521.16
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	61	469.22	539.60
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	62	479.74	551.70
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	63	492.93	566.87
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	64	500.78	575.90
14002TN0360008	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	500.78	575.90

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	93.15	93.15
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	21	146.69	168.69
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	22	146.69	168.69
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	23	146.69	168.69
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	24	146.69	168.69
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	25	147.28	169.37
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	26	150.22	172.75
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	27	153.74	176.80
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	28	159.45	183.37
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	29	164.15	188.77
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	30	166.50	191.48
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	31	170.02	195.52
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	32	173.54	199.57
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	33	175.74	202.10
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	34	178.09	204.80
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	35	179.26	206.15
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	36	180.44	207.51
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	37	181.61	208.85
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	38	182.78	210.20
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	39	185.13	212.90
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	40	187.47	215.59
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	41	191.00	219.65
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	42	194.37	223.53

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	43	199.06	228.92
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	44	204.94	235.68
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	45	211.83	243.60
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	46	220.05	253.06
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	47	229.28	263.67
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	48	239.84	275.82
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	49	250.26	287.80
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	50	262.00	301.30
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	51	273.58	314.62
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	52	286.34	329.29
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	53	299.25	344.14
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	54	313.19	360.17
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	55	327.13	376.20
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	56	342.23	393.56
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	57	357.49	411.11
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	58	373.78	429.85
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	59	381.84	439.12
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	60	398.12	457.84
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	61	412.21	474.04
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	62	421.45	484.67
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	63	433.04	498.00
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	64	439.93	505.92
14002TN0360008	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	439.93	505.92

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	102.28	102.28
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	21	161.07	185.23
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	22	161.07	185.23
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	23	161.07	185.23
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	24	161.07	185.23
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	25	161.72	185.98
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	26	164.94	189.68
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	27	168.81	194.13
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	28	175.08	201.34
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	29	180.24	207.28
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	30	182.82	210.24
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	31	186.69	214.69
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	32	190.55	219.13
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	33	192.96	221.90
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	34	195.54	224.87
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	35	196.83	226.35
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	36	198.13	227.85
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	37	199.41	229.32
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	38	200.70	230.81
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	39	203.28	233.77
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	40	205.85	236.73
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	41	209.72	241.18
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	42	213.42	245.43

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	43	218.57	251.36
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	44	225.02	258.77
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	45	232.60	267.49
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	46	241.62	277.86
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	47	251.76	289.52
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	48	263.35	302.85
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	49	274.79	316.01
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	50	287.68	330.83
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	51	300.40	345.46
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	52	314.41	361.57
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	53	328.59	377.88
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	54	343.89	395.47
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	55	359.20	413.08
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	56	375.78	432.15
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	57	392.54	451.42
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	58	410.41	471.97
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	59	419.27	482.16
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	60	437.15	502.72
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	61	452.62	520.51
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	62	462.76	532.17
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	63	475.49	546.81
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	64	483.06	555.52
14002TN0360008	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	483.06	555.52

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	152.16	152.16
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	21	239.62	275.56
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	22	239.62	275.56
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	23	239.62	275.56
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	24	239.62	275.56
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	25	240.58	276.67
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	26	245.37	282.18
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	27	251.12	288.79
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	28	260.47	299.54
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	29	268.13	308.35
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	30	271.97	312.77
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	31	277.72	319.38
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	32	283.48	326.00
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	33	287.06	330.12
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	34	290.90	334.54
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	35	292.82	336.74
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	36	294.74	338.95
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	37	296.65	341.15
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	38	298.57	343.36
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	39	302.40	347.76
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	40	306.23	352.16
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	41	311.99	358.79
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	42	317.50	365.13

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	43	325.16	373.93
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	44	334.75	384.96
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	45	346.01	397.91
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	46	359.43	413.34
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	47	374.53	430.71
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	48	391.78	450.55
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	49	408.79	470.11
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	50	427.96	492.15
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	51	446.89	513.92
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	52	467.74	537.90
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	53	488.83	562.15
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	54	511.59	588.33
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	55	534.36	614.51
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	56	559.03	642.88
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	57	583.95	671.54
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	58	610.56	702.14
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	59	623.74	717.30
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	60	650.33	747.88
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	61	673.34	774.34
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	62	688.43	791.69
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	63	707.36	813.46
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	64	718.62	826.41
14002TN0380004	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	718.62	826.41

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	155.49	155.49
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	21	244.86	281.59
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	22	244.86	281.59
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	23	244.86	281.59
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	24	244.86	281.59
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	25	245.83	282.70
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	26	250.73	288.34
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	27	256.61	295.10
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	28	266.16	306.08
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	29	273.99	315.09
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	30	277.92	319.61
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	31	283.79	326.36
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	32	289.67	333.12
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	33	293.34	337.34
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	34	297.26	341.85
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	35	299.22	344.10
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	36	301.18	346.36
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	37	303.13	348.60
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	38	305.09	350.85
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	39	309.01	355.36
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	40	312.92	359.86
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	41	318.81	366.63
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	42	324.43	373.09

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	43	332.27	382.11
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	44	342.06	393.37
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	45	353.57	406.61
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	46	367.29	422.38
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	47	382.72	440.13
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	48	400.34	460.39
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	49	417.73	480.39
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	50	437.31	502.91
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	51	456.66	525.16
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	52	477.96	549.65
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	53	499.51	574.44
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	54	522.77	601.19
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	55	546.04	627.95
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	56	571.25	656.94
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	57	596.71	686.22
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	58	623.90	717.49
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	59	637.37	732.98
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	60	664.54	764.22
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	61	688.05	791.26
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	62	703.47	808.99
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	63	722.82	831.24
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	64	734.33	844.48
14002TN0380004	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	734.33	844.48

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	163.84	163.84
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	21	258.01	296.71
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	22	258.01	296.71
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	23	258.01	296.71
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	24	258.01	296.71
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	25	259.04	297.90
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	26	264.20	303.83
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	27	270.40	310.96
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	28	280.46	322.53
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	29	288.71	332.02
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	30	292.84	336.77
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	31	299.03	343.88
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	32	305.23	351.01
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	33	309.09	355.45
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	34	313.23	360.21
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	35	315.29	362.58
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	36	317.36	364.96
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	37	319.41	367.32
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	38	321.48	369.70
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	39	325.61	374.45
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	40	329.73	379.19
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	41	335.93	386.32
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	42	341.86	393.14

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	43	350.12	402.64
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	44	360.44	414.51
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	45	372.56	428.44
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	46	387.02	445.07
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	47	403.28	463.77
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	48	421.85	485.13
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	49	440.16	506.18
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	50	460.81	529.93
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	51	481.19	553.37
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	52	503.63	579.17
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	53	526.34	605.29
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	54	550.86	633.49
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	55	575.37	661.68
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	56	601.94	692.23
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	57	628.77	723.09
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	58	657.41	756.02
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	59	671.61	772.35
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	60	700.24	805.28
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	61	725.02	833.77
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	62	741.26	852.45
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	63	761.64	875.89
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	64	773.77	889.84
14002TN0380004	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	773.77	889.84

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	167.08	167.08
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	21	263.11	302.58
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	22	263.11	302.58
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	23	263.11	302.58
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	24	263.11	302.58
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	25	264.16	303.78
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	26	269.42	309.83
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	27	275.74	317.10
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	28	286.00	328.90
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	29	294.42	338.58
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	30	298.63	343.42
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	31	304.94	350.68
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	32	311.26	357.95
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	33	315.20	362.48
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	34	319.41	367.32
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	35	321.52	369.75
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	36	323.63	372.17
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	37	325.72	374.58
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	38	327.83	377.00
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	39	332.05	381.86
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	40	336.25	386.69
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	41	342.57	393.96
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	42	348.62	400.91

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	43	357.03	410.58
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	44	367.56	422.69
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	45	379.92	436.91
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	46	394.66	453.86
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	47	411.24	472.93
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	48	430.18	494.71
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	49	448.86	516.19
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	50	469.91	540.40
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	51	490.69	564.29
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	52	513.58	590.62
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	53	536.74	617.25
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	54	561.74	646.00
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	55	586.74	674.75
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	56	613.83	705.90
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	57	641.19	737.37
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	58	670.40	770.96
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	59	684.88	787.61
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	60	714.08	821.19
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	61	739.34	850.24
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	62	755.91	869.30
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	63	776.69	893.19
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	64	789.06	907.42
14002TN0380004	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	789.06	907.42

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	172.41	172.41
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	21	271.51	312.24
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	22	271.51	312.24
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	23	271.51	312.24
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	24	271.51	312.24
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	25	272.59	313.48
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	26	278.02	319.72
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	27	284.55	327.23
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	28	295.13	339.40
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	29	303.82	349.39
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	30	308.17	354.40
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	31	314.68	361.88
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	32	321.20	369.38
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	33	325.27	374.06
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	34	329.62	379.06
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	35	331.79	381.56
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	36	333.97	384.07
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	37	336.13	386.55
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	38	338.30	389.05
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	39	342.65	394.05
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	40	346.99	399.04
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	41	353.51	406.54
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	42	359.75	413.71

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	43	368.44	423.71
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	44	379.30	436.20
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	45	392.06	450.87
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	46	407.27	468.36
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	47	424.38	488.04
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	48	443.93	510.52
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	49	463.20	532.68
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	50	484.92	557.66
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	51	506.37	582.33
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	52	529.99	609.49
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	53	553.89	636.97
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	54	579.68	666.63
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	55	605.48	696.30
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	56	633.44	728.46
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	57	661.67	760.92
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	58	691.82	795.59
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	59	706.75	812.76
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	60	736.89	847.42
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	61	762.96	877.40
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	62	780.05	897.06
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	63	801.50	921.73
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	64	814.26	936.40
14002TN0380004	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	814.26	936.40

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	175.76	175.76
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	21	276.79	318.31
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	22	276.79	318.31
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	23	276.79	318.31
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	24	276.79	318.31
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	25	277.89	319.57
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	26	283.43	325.94
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	27	290.08	333.59
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	28	300.87	346.00
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	29	309.73	356.19
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	30	314.16	361.28
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	31	320.80	368.92
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	32	327.45	376.57
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	33	331.59	381.33
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	34	336.02	386.42
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	35	338.24	388.98
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	36	340.46	391.53
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	37	342.66	394.06
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	38	344.88	396.61
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	39	349.31	401.71
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	40	353.73	406.79
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	41	360.38	414.44
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	42	366.74	421.75

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	43	375.60	431.94
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	44	386.67	444.67
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	45	399.68	459.63
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	46	415.18	477.46
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	47	432.63	497.52
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	48	452.55	520.43
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	49	472.20	543.03
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	50	494.34	568.49
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	51	516.21	593.64
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	52	540.29	621.33
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	53	564.65	649.35
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	54	590.95	679.59
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	55	617.25	709.84
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	56	645.75	742.61
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	57	674.53	775.71
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	58	705.26	811.05
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	59	720.49	828.56
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	60	751.21	863.89
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	61	777.78	894.45
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	62	795.21	914.49
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	63	817.08	939.64
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	64	830.09	954.60
14002TN0380004	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	830.09	954.60

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	154.41	154.41
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	21	243.16	279.63
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	22	243.16	279.63
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	23	243.16	279.63
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	24	243.16	279.63
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	25	244.13	280.75
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	26	248.99	286.34
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	27	254.83	293.05
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	28	264.32	303.97
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	29	272.09	312.90
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	30	275.99	317.39
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	31	281.82	324.09
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	32	287.66	330.81
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	33	291.30	335.00
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	34	295.20	339.48
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	35	297.15	341.72
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	36	299.09	343.95
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	37	301.03	346.18
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	38	302.98	348.43
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	39	306.87	352.90
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	40	310.76	357.37
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	41	316.60	364.09
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	42	322.18	370.51

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	43	329.96	379.45
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	44	339.69	390.64
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	45	351.12	403.79
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	46	364.74	419.45
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	47	380.06	437.07
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	48	397.57	457.21
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	49	414.83	477.05
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	50	434.28	499.42
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	51	453.49	521.51
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	52	474.65	545.85
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	53	496.05	570.46
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	54	519.15	597.02
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	55	542.25	623.59
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	56	567.29	652.38
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	57	592.58	681.47
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	58	619.57	712.51
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	59	632.95	727.89
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	60	659.94	758.93
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	61	683.29	785.78
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	62	698.60	803.39
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	63	717.81	825.48
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	64	729.24	838.63
14002TN0380004	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	729.24	838.63

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	169.55	169.55
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	21	267.00	307.05
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	22	267.00	307.05
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	23	267.00	307.05
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	24	267.00	307.05
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	25	268.06	308.27
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	26	273.40	314.41
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	27	279.81	321.78
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	28	290.23	333.76
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	29	298.77	343.59
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	30	303.04	348.50
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	31	309.45	355.87
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	32	315.86	363.24
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	33	319.86	367.84
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	34	324.13	372.75
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	35	326.27	375.21
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	36	328.41	377.67
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	37	330.54	380.12
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	38	332.68	382.58
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	39	336.95	387.49
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	40	341.22	392.40
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	41	347.63	399.77
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	42	353.77	406.84

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	43	362.31	416.66
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	44	372.99	428.94
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	45	385.54	443.37
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	46	400.49	460.56
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	47	417.32	479.92
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	48	436.54	502.02
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	49	455.49	523.81
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	50	476.85	548.38
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	51	497.94	572.63
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	52	521.17	599.35
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	53	544.67	626.37
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	54	570.04	655.55
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	55	595.41	684.72
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	56	622.90	716.34
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	57	650.66	748.26
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	58	680.31	782.36
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	59	695.00	799.25
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	60	724.63	833.32
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	61	750.26	862.80
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	62	767.08	882.14
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	63	788.17	906.40
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	64	800.72	920.83
14002TN0380004	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	800.72	920.83

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	171.00	171.00
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	21	269.28	309.67
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	22	269.28	309.67
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	23	269.28	309.67
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	24	269.28	309.67
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	25	270.36	310.91
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	26	275.74	317.10
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	27	282.21	324.54
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	28	292.70	336.61
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	29	301.32	346.52
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	30	305.63	351.47
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	31	312.09	358.90
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	32	318.55	366.33
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	33	322.59	370.98
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	34	326.90	375.94
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	35	329.06	378.42
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	36	331.21	380.89
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	37	333.36	383.36
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	38	335.52	385.85
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	39	339.83	390.80
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	40	344.13	395.75
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	41	350.60	403.19
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	42	356.79	410.31

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	43	365.41	420.22
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	44	376.18	432.61
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	45	388.84	447.17
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	46	403.92	464.51
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	47	420.88	484.01
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	48	440.27	506.31
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	49	459.39	528.30
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	50	480.93	553.07
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	51	502.20	577.53
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	52	525.62	604.46
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	53	549.32	631.72
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	54	574.91	661.15
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	55	600.49	690.56
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	56	628.23	722.46
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	57	656.23	754.66
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	58	686.12	789.04
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	59	700.93	806.07
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	60	730.82	840.44
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	61	756.67	870.17
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	62	773.63	889.67
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	63	794.90	914.14
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	64	807.56	928.69
14002TN0380005	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	807.56	928.69

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	174.73	174.73
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	21	275.16	316.43
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	22	275.16	316.43
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	23	275.16	316.43
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	24	275.16	316.43
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	25	276.27	317.71
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	26	281.76	324.02
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	27	288.37	331.63
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	28	299.10	343.97
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	29	307.91	354.10
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	30	312.31	359.16
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	31	318.91	366.75
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	32	325.52	374.35
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	33	329.64	379.09
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	34	334.05	384.16
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	35	336.25	386.69
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	36	338.45	389.22
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	37	340.65	391.75
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	38	342.85	394.28
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	39	347.26	399.35
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	40	351.65	404.40
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	41	358.26	412.00
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	42	364.59	419.28

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	43	373.39	429.40
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	44	384.40	442.06
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	45	397.33	456.93
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	46	412.74	474.65
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	47	430.08	494.59
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	48	449.89	517.37
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	49	469.43	539.84
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	50	491.44	565.16
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	51	513.17	590.15
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	52	537.11	617.68
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	53	561.33	645.53
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	54	587.48	675.60
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	55	613.61	705.65
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	56	641.96	738.25
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	57	670.57	771.16
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	58	701.12	806.29
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	59	716.25	823.69
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	60	746.79	858.81
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	61	773.20	889.18
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	62	790.54	909.12
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	63	812.27	934.11
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	64	825.21	948.99
14002TN0380005	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	825.21	948.99

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	184.12	184.12
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	21	289.94	333.43
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	22	289.94	333.43
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	23	289.94	333.43
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	24	289.94	333.43
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	25	291.11	334.78
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	26	296.90	341.44
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	27	303.87	349.45
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	28	315.17	362.45
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	29	324.45	373.12
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	30	329.09	378.45
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	31	336.05	386.46
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	32	343.00	394.45
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	33	347.35	399.45
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	34	351.99	404.79
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	35	354.32	407.47
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	36	356.63	410.12
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	37	358.95	412.79
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	38	361.27	415.46
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	39	365.91	420.80
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	40	370.54	426.12
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	41	377.51	434.14
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	42	384.17	441.80

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	43	393.45	452.47
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	44	405.05	465.81
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	45	418.68	481.48
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	46	434.91	500.15
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	47	453.18	521.16
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	48	474.06	545.17
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	49	494.65	568.85
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	50	517.84	595.52
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	51	540.74	621.85
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	52	565.96	650.85
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	53	591.48	680.20
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	54	619.03	711.88
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	55	646.57	743.56
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	56	676.44	777.91
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	57	706.59	812.58
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	58	738.78	849.60
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	59	754.72	867.93
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	60	786.90	904.94
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	61	814.74	936.95
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	62	833.01	957.96
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	63	855.91	984.30
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	64	869.54	999.97
14002TN0380005	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	869.54	999.97

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	187.76	187.76
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	21	295.67	340.02
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	22	295.67	340.02
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	23	295.67	340.02
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	24	295.67	340.02
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	25	296.86	341.39
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	26	302.76	348.17
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	27	309.87	356.35
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	28	321.39	369.60
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	29	330.86	380.49
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	30	335.59	385.93
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	31	342.69	394.09
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	32	349.78	402.25
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	33	354.21	407.34
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	34	358.94	412.78
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	35	361.32	415.52
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	36	363.68	418.23
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	37	366.04	420.95
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	38	368.41	423.67
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	39	373.14	429.11
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	40	377.86	434.54
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	41	384.97	442.72
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	42	391.76	450.52

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	43	401.23	461.41
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	44	413.05	475.01
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	45	426.95	490.99
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	46	443.51	510.04
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	47	462.14	531.46
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	48	483.43	555.94
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	49	504.42	580.08
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	50	528.07	607.28
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	51	551.42	634.13
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	52	577.15	663.72
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	53	603.17	693.65
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	54	631.26	725.95
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	55	659.35	758.25
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	56	689.80	793.27
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	57	720.55	828.63
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	58	753.38	866.39
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	59	769.63	885.07
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	60	802.45	922.82
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	61	830.83	955.45
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	62	849.47	976.89
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	63	872.82	1003.74
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	64	886.71	1019.72
14002TN0380005	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	886.71	1019.72

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	193.75	193.75
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	21	305.12	350.89
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	22	305.12	350.89
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	23	305.12	350.89
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	24	305.12	350.89
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	25	306.34	352.29
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	26	312.44	359.31
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	27	319.77	367.74
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	28	331.66	381.41
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	29	341.43	392.64
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	30	346.31	398.26
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	31	353.63	406.67
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	32	360.95	415.09
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	33	365.53	420.36
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	34	370.41	425.97
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	35	372.86	428.79
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	36	375.29	431.58
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	37	377.73	434.39
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	38	380.18	437.21
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	39	385.06	442.82
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	40	389.93	448.42
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	41	397.26	456.85
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	42	404.27	464.91

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	43	414.04	476.15
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	44	426.24	490.18
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	45	440.59	506.68
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	46	457.67	526.32
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	47	476.90	548.44
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	48	498.87	573.70
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	49	520.53	598.61
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	50	544.94	626.68
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	51	569.04	654.40
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	52	595.58	684.92
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	53	622.43	715.79
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	54	651.43	749.14
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	55	680.41	782.47
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	56	711.84	818.62
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	57	743.56	855.09
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	58	777.44	894.06
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	59	794.22	913.35
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	60	828.08	952.29
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	61	857.37	985.98
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	62	876.60	1008.09
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	63	900.70	1035.81
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	64	915.04	1052.30
14002TN0380005	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	915.04	1052.30

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	197.52	197.52
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	21	311.05	357.71
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	22	311.05	357.71
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	23	311.05	357.71
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	24	311.05	357.71
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	25	312.29	359.13
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	26	318.51	366.29
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	27	325.98	374.88
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	28	338.11	388.83
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	29	348.06	400.27
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	30	353.04	406.00
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	31	360.50	414.58
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	32	367.97	423.17
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	33	372.63	428.52
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	34	377.61	434.25
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	35	380.10	437.12
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	36	382.59	439.98
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	37	385.07	442.83
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	38	387.57	445.71
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	39	392.54	451.42
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	40	397.51	457.14
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	41	404.98	465.73
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	42	412.13	473.95

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	43	422.09	485.40
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	44	434.53	499.71
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	45	449.15	516.52
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	46	466.57	536.56
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	47	486.17	559.10
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	48	508.57	584.86
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	49	530.65	610.25
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	50	555.53	638.86
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	51	580.09	667.10
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	52	607.16	698.23
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	53	634.53	729.71
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	54	664.09	763.70
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	55	693.63	797.67
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	56	725.67	834.52
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	57	758.01	871.71
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	58	792.55	911.43
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	59	809.65	931.10
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	60	844.18	970.81
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	61	874.04	1005.15
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	62	893.64	1027.69
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	63	918.20	1055.93
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	64	932.82	1072.74
14002TN0380005	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	932.82	1072.74

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	173.52	173.52
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	21	273.25	314.24
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	22	273.25	314.24
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	23	273.25	314.24
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	24	273.25	314.24
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	25	274.35	315.50
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	26	279.81	321.78
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	27	286.38	329.34
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	28	297.03	341.58
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	29	305.78	351.65
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	30	310.15	356.67
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	31	316.70	364.21
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	32	323.26	371.75
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	33	327.36	376.46
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	34	331.73	381.49
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	35	333.92	384.01
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	36	336.10	386.52
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	37	338.29	389.03
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	38	340.48	391.55
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	39	344.85	396.58
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	40	349.21	401.59
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	41	355.78	409.15
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	42	362.06	416.37

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	43	370.81	426.43
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	44	381.74	439.00
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	45	394.58	453.77
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	46	409.88	471.36
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	47	427.10	491.17
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	48	446.78	513.80
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	49	466.18	536.11
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	50	488.03	561.23
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	51	509.62	586.06
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	52	533.39	613.40
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	53	557.44	641.06
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	54	583.40	670.91
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	55	609.36	700.76
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	56	637.51	733.14
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	57	665.92	765.81
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	58	696.26	800.70
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	59	711.28	817.97
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	60	741.61	852.85
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	61	767.84	883.02
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	62	785.06	902.82
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	63	806.64	927.64
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	64	819.49	942.41
14002TN0380005	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	819.49	942.41

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	190.53	190.53
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	21	300.04	345.05
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	22	300.04	345.05
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	23	300.04	345.05
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	24	300.04	345.05
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	25	301.24	346.43
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	26	307.24	353.33
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	27	314.45	361.62
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	28	326.14	375.06
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	29	335.75	386.11
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	30	340.55	391.63
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	31	347.75	399.91
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	32	354.95	408.19
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	33	359.45	413.37
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	34	364.25	418.89
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	35	366.66	421.66
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	36	369.05	424.41
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	37	371.45	427.17
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	38	373.85	429.93
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	39	378.66	435.46
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	40	383.45	440.97
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	41	390.66	449.26
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	42	397.55	457.18

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	43	407.15	468.22
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	44	419.15	482.02
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	45	433.26	498.25
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	46	450.06	517.57
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	47	468.97	539.32
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	48	490.57	564.16
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	49	511.87	588.65
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	50	535.87	616.25
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	51	559.57	643.51
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	52	585.67	673.52
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	53	612.08	703.89
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	54	640.59	736.68
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	55	669.09	769.45
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	56	700.00	805.00
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	57	731.20	840.88
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	58	764.51	879.19
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	59	781.01	898.16
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	60	814.31	936.46
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	61	843.11	969.58
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	62	862.02	991.32
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	63	885.71	1018.57
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	64	899.82	1034.79
14002TN0380005	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	899.82	1034.79

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	185.62	185.62
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	21	292.33	336.18
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	22	292.33	336.18
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	23	292.33	336.18
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	24	292.33	336.18
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	25	293.50	337.53
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	26	299.34	344.24
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	27	306.36	352.31
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	28	317.76	365.42
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	29	327.11	376.18
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	30	331.79	381.56
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	31	338.80	389.62
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	32	345.82	397.69
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	33	350.20	402.73
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	34	354.88	408.11
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	35	357.22	410.80
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	36	359.56	413.49
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	37	361.90	416.19
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	38	364.23	418.86
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	39	368.92	424.26
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	40	373.60	429.64
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	41	380.61	437.70
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	42	387.34	445.44

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	43	396.69	456.19
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	44	408.38	469.64
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	45	422.12	485.44
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	46	438.49	504.26
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	47	456.91	525.45
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	48	477.95	549.64
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	49	498.71	573.52
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	50	522.10	600.42
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	51	545.19	626.97
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	52	570.62	656.21
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	53	596.35	685.80
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	54	624.12	717.74
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	55	651.88	749.66
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	56	682.00	784.30
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	57	712.40	819.26
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	58	744.85	856.58
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	59	760.92	875.06
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	60	793.37	912.38
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	61	821.44	944.66
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	62	839.86	965.84
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	63	862.95	992.39
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	64	876.69	1008.19
14002TN0380007	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	876.69	1008.19

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	189.68	189.68
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	21	298.72	343.53
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	22	298.72	343.53
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	23	298.72	343.53
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	24	298.72	343.53
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	25	299.92	344.91
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	26	305.88	351.76
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	27	313.05	360.01
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	28	324.70	373.41
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	29	334.26	384.40
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	30	339.04	389.90
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	31	346.21	398.14
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	32	353.38	406.39
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	33	357.86	411.54
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	34	362.64	417.04
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	35	365.03	419.78
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	36	367.41	422.52
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	37	369.80	425.27
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	38	372.19	428.02
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	39	376.98	433.53
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	40	381.76	439.02
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	41	388.93	447.27
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	42	395.80	455.17

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	43	405.36	466.16
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	44	417.31	479.91
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	45	431.35	496.05
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	46	448.07	515.28
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	47	466.89	536.92
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	48	488.40	561.66
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	49	509.60	586.04
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	50	533.51	613.54
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	51	557.11	640.68
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	52	583.09	670.55
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	53	609.38	700.79
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	54	637.75	733.41
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	55	666.13	766.05
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	56	696.91	801.45
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	57	727.97	837.17
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	58	761.13	875.30
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	59	777.55	894.18
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	60	810.71	932.32
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	61	839.39	965.30
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	62	858.21	986.94
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	63	881.81	1014.08
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	64	895.85	1030.23
14002TN0380007	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	895.85	1030.23

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	199.87	199.87
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	21	314.76	361.97
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	22	314.76	361.97
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	23	314.76	361.97
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	24	314.76	361.97
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	25	316.03	363.43
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	26	322.32	370.67
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	27	329.87	379.35
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	28	342.14	393.46
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	29	352.22	405.05
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	30	357.25	410.84
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	31	364.81	419.53
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	32	372.36	428.21
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	33	377.08	433.64
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	34	382.12	439.44
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	35	384.63	442.32
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	36	387.15	445.22
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	37	389.67	448.12
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	38	392.19	451.02
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	39	397.23	456.81
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	40	402.27	462.61
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	41	409.82	471.29
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	42	417.06	479.62

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	43	427.13	491.20
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	44	439.72	505.68
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	45	454.52	522.70
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	46	472.14	542.96
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	47	491.97	565.77
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	48	514.63	591.82
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	49	536.98	617.53
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	50	562.17	646.50
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	51	587.03	675.08
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	52	614.42	706.58
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	53	642.11	738.43
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	54	672.01	772.81
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	55	701.91	807.20
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	56	734.34	844.49
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	57	767.08	882.14
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	58	802.01	922.31
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	59	819.32	942.22
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	60	854.26	982.40
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	61	884.48	1017.15
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	62	904.31	1039.96
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	63	929.18	1068.56
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	64	943.97	1085.57
14002TN0380007	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	943.97	1085.57

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	203.82	203.82
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	21	320.98	369.13
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	22	320.98	369.13
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	23	320.98	369.13
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	24	320.98	369.13
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	25	322.27	370.61
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	26	328.68	377.98
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	27	336.39	386.85
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	28	348.90	401.24
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	29	359.17	413.05
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	30	364.31	418.96
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	31	372.01	427.81
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	32	379.72	436.68
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	33	384.53	442.21
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	34	389.66	448.11
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	35	392.23	451.06
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	36	394.80	454.02
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	37	397.37	456.98
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	38	399.94	459.93
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	39	405.08	465.84
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	40	410.22	471.75
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	41	417.92	480.61
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	42	425.30	489.10

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	43	435.57	500.91
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	44	448.41	515.67
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	45	463.50	533.03
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	46	481.47	553.69
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	47	501.69	576.94
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	48	524.80	603.52
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	49	547.59	629.73
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	50	573.28	659.27
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	51	598.63	688.42
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	52	626.55	720.53
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	53	654.80	753.02
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	54	685.29	788.08
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	55	715.78	823.15
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	56	748.85	861.18
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	57	782.23	899.56
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	58	817.86	940.54
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	59	835.51	960.84
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	60	871.14	1001.81
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	61	901.96	1037.25
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	62	922.18	1060.51
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	63	947.53	1089.66
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	64	962.62	1107.01
14002TN0380007	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	962.62	1107.01

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	210.33	210.33
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	21	331.23	380.91
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	22	331.23	380.91
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	23	331.23	380.91
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	24	331.23	380.91
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	25	332.56	382.44
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	26	339.18	390.06
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	27	347.13	399.20
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	28	360.05	414.06
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	29	370.65	426.25
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	30	375.95	432.34
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	31	383.90	441.49
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	32	391.85	450.63
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	33	396.81	456.33
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	34	402.11	462.43
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	35	404.76	465.47
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	36	407.41	468.52
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	37	410.06	471.57
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	38	412.71	474.62
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	39	418.02	480.72
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	40	423.32	486.82
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	41	431.27	495.96
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	42	438.89	504.72

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	43	449.49	516.91
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	44	462.74	532.15
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	45	478.30	550.05
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	46	496.85	571.38
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	47	517.72	595.38
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	48	541.56	622.79
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	49	565.08	649.84
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	50	591.59	680.33
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	51	617.75	710.41
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	52	646.57	743.56
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	53	675.72	777.08
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	54	707.18	813.26
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	55	738.64	849.44
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	56	772.77	888.69
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	57	807.22	928.30
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	58	843.98	970.58
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	59	862.20	991.53
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	60	898.96	1033.80
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	61	930.77	1070.39
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	62	951.64	1094.39
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	63	977.80	1124.47
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	64	993.37	1142.38
14002TN0380007	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	993.37	1142.38

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	214.42	214.42
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	21	337.67	388.32
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	22	337.67	388.32
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	23	337.67	388.32
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	24	337.67	388.32
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	25	339.03	389.88
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	26	345.77	397.64
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	27	353.88	406.96
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	28	367.05	422.11
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	29	377.85	434.53
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	30	383.25	440.74
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	31	391.36	450.06
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	32	399.46	459.38
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	33	404.52	465.20
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	34	409.93	471.42
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	35	412.63	474.52
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	36	415.33	477.63
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	37	418.03	480.73
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	38	420.73	483.84
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	39	426.15	490.07
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	40	431.55	496.28
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	41	439.65	505.60
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	42	447.42	514.53

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	43	458.22	526.95
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	44	471.73	542.49
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	45	487.60	560.74
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	46	506.51	582.49
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	47	527.78	606.95
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	48	552.09	634.90
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	49	576.06	662.47
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	50	603.09	693.55
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	51	629.76	724.22
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	52	659.13	758.00
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	53	688.85	792.18
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	54	720.92	829.06
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	55	753.00	865.95
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	56	787.79	905.96
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	57	822.91	946.35
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	58	860.38	989.44
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	59	878.95	1010.79
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	60	916.43	1053.89
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	61	948.86	1091.19
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	62	970.13	1115.65
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	63	996.80	1146.32
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	64	1012.67	1164.57
14002TN0380007	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	1012.67	1164.57

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	188.37	188.37
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	21	296.64	341.14
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	22	296.64	341.14
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	23	296.64	341.14
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	24	296.64	341.14
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	25	297.84	342.52
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	26	303.76	349.32
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	27	310.88	357.51
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	28	322.45	370.82
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	29	331.94	381.73
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	30	336.69	387.19
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	31	343.81	395.38
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	32	350.93	403.57
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	33	355.38	408.69
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	34	360.12	414.14
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	35	362.50	416.88
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	36	364.87	419.60
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	37	367.24	422.33
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	38	369.61	425.05
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	39	374.37	430.53
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	40	379.12	435.99
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	41	386.24	444.18
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	42	393.06	452.02

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	43	402.55	462.93
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	44	414.42	476.58
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	45	428.36	492.61
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	46	444.97	511.72
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	47	463.65	533.20
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	48	485.01	557.76
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	49	506.07	581.98
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	50	529.81	609.28
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	51	553.25	636.24
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	52	579.05	665.91
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	53	605.16	695.93
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	54	633.33	728.33
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	55	661.51	760.74
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	56	692.08	795.89
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	57	722.93	831.37
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	58	755.85	869.23
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	59	772.16	887.98
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	60	805.09	925.85
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	61	833.58	958.62
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	62	852.26	980.10
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	63	875.70	1007.06
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	64	889.64	1023.09
14002TN0380007	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	889.64	1023.09

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	206.83	206.83
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	21	325.72	374.58
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	22	325.72	374.58
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	23	325.72	374.58
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	24	325.72	374.58
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	25	327.03	376.08
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	26	333.54	383.57
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	27	341.36	392.56
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	28	354.06	407.17
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	29	364.48	419.15
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	30	369.69	425.14
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	31	377.51	434.14
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	32	385.33	443.13
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	33	390.21	448.74
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	34	395.42	454.73
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	35	398.03	457.73
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	36	400.63	460.72
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	37	403.24	463.73
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	38	405.85	466.73
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	39	411.07	472.73
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	40	416.28	478.72
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	41	424.10	487.72
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	42	431.59	496.33

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	43	442.01	508.31
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	44	455.04	523.30
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	45	470.35	540.90
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	46	488.59	561.88
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	47	509.10	585.47
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	48	532.55	612.43
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	49	555.68	639.03
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	50	581.75	669.01
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	51	607.48	698.60
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	52	635.81	731.18
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	53	664.48	764.15
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	54	695.42	799.73
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	55	726.36	835.31
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	56	759.92	873.91
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	57	793.79	912.86
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	58	829.94	954.43
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	59	847.86	975.04
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	60	884.01	1016.61
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	61	915.29	1052.58
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	62	935.81	1076.18
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	63	961.54	1105.77
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	64	976.84	1123.37
14002TN0380007	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	976.84	1123.37

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	176.18	176.18
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	21	277.45	319.07
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	22	277.45	319.07
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	23	277.45	319.07
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	24	277.45	319.07
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	25	278.56	320.34
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	26	284.11	326.73
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	27	290.76	334.37
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	28	301.59	346.83
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	29	310.46	357.03
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	30	314.90	362.14
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	31	321.56	369.79
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	32	328.22	377.45
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	33	332.38	382.24
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	34	336.82	387.34
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	35	339.03	389.88
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	36	341.26	392.45
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	37	343.48	395.00
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	38	345.69	397.54
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	39	350.14	402.66
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	40	354.58	407.77
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	41	361.24	415.43
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	42	367.62	422.76

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	43	376.49	432.96
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	44	387.59	445.73
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	45	400.63	460.72
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	46	416.17	478.60
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	47	433.65	498.70
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	48	453.62	521.66
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	49	473.33	544.33
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	50	495.52	569.85
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	51	517.43	595.04
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	52	541.57	622.81
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	53	565.99	650.89
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	54	592.35	681.20
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	55	618.70	711.51
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	56	647.28	744.37
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	57	676.14	777.56
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	58	706.93	812.97
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	59	722.20	830.53
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	60	752.99	865.94
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	61	779.62	896.56
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	62	797.10	916.67
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	63	819.02	941.87
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	64	832.07	956.88
14002TN0380009	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	832.07	956.88

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	180.03	180.03
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	21	283.51	326.04
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	22	283.51	326.04
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	23	283.51	326.04
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	24	283.51	326.04
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	25	284.65	327.35
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	26	290.31	333.86
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	27	297.12	341.69
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	28	308.18	354.41
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	29	317.24	364.83
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	30	321.79	370.06
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	31	328.59	377.88
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	32	335.40	385.71
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	33	339.64	390.59
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	34	344.18	395.81
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	35	346.44	398.41
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	36	348.72	401.03
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	37	350.99	403.64
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	38	353.25	406.24
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	39	357.79	411.46
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	40	362.32	416.67
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	41	369.13	424.50
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	42	375.66	432.01

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	43	384.72	442.43
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	44	396.06	455.47
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	45	409.39	470.80
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	46	425.27	489.06
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	47	443.12	509.59
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	48	463.54	533.07
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	49	483.67	556.22
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	50	506.35	582.30
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	51	528.74	608.05
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	52	553.41	636.42
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	53	578.36	665.11
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	54	605.30	696.10
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	55	632.23	727.06
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	56	661.43	760.64
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	57	690.92	794.56
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	58	722.38	830.74
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	59	737.98	848.68
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	60	769.44	884.86
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	61	796.66	916.16
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	62	814.52	936.70
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	63	836.92	962.46
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	64	850.25	977.79
14002TN0380009	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	850.25	977.79

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	189.70	189.70
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	21	298.74	343.55
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	22	298.74	343.55
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	23	298.74	343.55
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	24	298.74	343.55
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	25	299.94	344.93
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	26	305.91	351.80
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	27	313.08	360.04
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	28	324.73	373.44
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	29	334.28	384.42
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	30	339.07	389.93
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	31	346.24	398.18
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	32	353.41	406.42
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	33	357.88	411.56
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	34	362.67	417.07
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	35	365.05	419.81
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	36	367.45	422.57
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	37	369.84	425.32
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	38	372.22	428.05
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	39	377.01	433.56
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	40	381.79	439.06
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	41	388.96	447.30
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	42	395.83	455.20

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	43	405.39	466.20
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	44	417.33	479.93
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	45	431.38	496.09
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	46	448.11	515.33
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	47	466.93	536.97
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	48	488.44	561.71
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	49	509.65	586.10
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	50	533.55	613.58
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	51	557.14	640.71
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	52	583.14	670.61
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	53	609.42	700.83
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	54	637.81	733.48
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	55	666.19	766.12
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	56	696.96	801.50
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	57	728.03	837.23
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	58	761.18	875.36
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	59	777.62	894.26
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	60	810.77	932.39
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	61	839.45	965.37
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	62	858.28	987.02
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	63	881.88	1014.16
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	64	895.92	1030.31
14002TN0380009	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	895.92	1030.31

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	193.44	193.44
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	21	304.64	350.34
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	22	304.64	350.34
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	23	304.64	350.34
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	24	304.64	350.34
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	25	305.86	351.74
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	26	311.95	358.74
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	27	319.26	367.15
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	28	331.15	380.82
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	29	340.89	392.02
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	30	345.77	397.64
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	31	353.08	406.04
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	32	360.39	414.45
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	33	364.95	419.69
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	34	369.84	425.32
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	35	372.27	428.11
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	36	374.71	430.92
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	37	377.15	433.72
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	38	379.58	436.52
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	39	384.46	442.13
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	40	389.33	447.73
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	41	396.64	456.14
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	42	403.66	464.21

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	43	413.40	475.41
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	44	425.58	489.42
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	45	439.90	505.89
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	46	456.97	525.52
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	47	476.15	547.57
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	48	498.09	572.80
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	49	519.72	597.68
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	50	544.09	625.70
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	51	568.15	653.37
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	52	594.66	683.86
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	53	621.46	714.68
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	54	650.41	747.97
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	55	679.35	781.25
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	56	710.73	817.34
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	57	742.41	853.77
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	58	776.22	892.65
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	59	792.99	911.94
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	60	826.79	950.81
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	61	856.04	984.45
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	62	875.23	1006.51
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	63	899.30	1034.20
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	64	913.62	1050.66
14002TN0380009	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	913.62	1050.66

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	199.62	199.62
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	21	314.37	361.53
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	22	314.37	361.53
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	23	314.37	361.53
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	24	314.37	361.53
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	25	315.63	362.97
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	26	321.92	370.21
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	27	329.46	378.88
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	28	341.73	392.99
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	29	351.78	404.55
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	30	356.82	410.34
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	31	364.36	419.01
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	32	371.91	427.70
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	33	376.61	433.10
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	34	381.65	438.90
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	35	384.16	441.78
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	36	386.68	444.68
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	37	389.20	447.58
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	38	391.70	450.46
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	39	396.74	456.25
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	40	401.77	462.04
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	41	409.31	470.71
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	42	416.55	479.03

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	43	426.60	490.59
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	44	439.17	505.05
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	45	453.95	522.04
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	46	471.56	542.29
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	47	491.36	565.06
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	48	514.00	591.10
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	49	536.32	616.77
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	50	561.47	645.69
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	51	586.30	674.25
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	52	613.65	705.70
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	53	641.32	737.52
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	54	671.19	771.87
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	55	701.05	806.21
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	56	733.43	843.44
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	57	766.13	881.05
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	58	801.02	921.17
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	59	818.32	941.07
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	60	853.20	981.18
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	61	883.38	1015.89
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	62	903.19	1038.67
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	63	928.03	1067.23
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	64	942.81	1084.23
14002TN0380009	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	942.81	1084.23

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	203.50	203.50
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	21	320.48	368.55
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	22	320.48	368.55
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	23	320.48	368.55
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	24	320.48	368.55
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	25	321.77	370.04
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	26	328.17	377.40
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	27	335.87	386.25
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	28	348.37	400.63
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	29	358.61	412.40
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	30	363.75	418.31
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	31	371.44	427.16
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	32	379.13	436.00
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	33	383.93	441.52
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	34	389.07	447.43
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	35	391.62	450.36
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	36	394.19	453.32
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	37	396.76	456.27
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	38	399.32	459.22
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	39	404.45	465.12
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	40	409.58	471.02
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	41	417.27	479.86
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	42	424.64	488.34

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	43	434.89	500.12
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	44	447.71	514.87
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	45	462.78	532.20
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	46	480.73	552.84
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	47	500.91	576.05
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	48	523.99	602.59
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	49	546.75	628.76
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	50	572.38	658.24
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	51	597.69	687.34
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	52	625.58	719.42
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	53	653.78	751.85
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	54	684.23	786.86
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	55	714.67	821.87
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	56	747.68	859.83
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	57	781.02	898.17
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	58	816.58	939.07
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	59	834.22	959.35
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	60	869.78	1000.25
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	61	900.55	1035.63
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	62	920.74	1058.85
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	63	946.06	1087.97
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	64	961.13	1105.30
14002TN0380009	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	961.13	1105.30

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	178.78	178.78
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	21	281.54	323.77
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	22	281.54	323.77
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	23	281.54	323.77
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	24	281.54	323.77
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	25	282.67	325.07
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	26	288.30	331.55
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	27	295.06	339.32
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	28	306.04	351.95
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	29	315.04	362.30
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	30	319.56	367.49
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	31	326.31	375.26
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	32	333.07	383.03
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	33	337.29	387.88
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	34	341.80	393.07
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	35	344.04	395.65
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	36	346.30	398.25
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	37	348.55	400.83
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	38	350.80	403.42
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	39	355.31	408.61
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	40	359.81	413.78
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	41	366.57	421.56
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	42	373.05	429.01

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	43	382.05	439.36
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	44	393.31	452.31
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	45	406.55	467.53
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	46	422.32	485.67
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	47	440.05	506.06
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	48	460.32	529.37
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	49	480.32	552.37
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	50	502.84	578.27
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	51	525.08	603.84
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	52	549.57	632.01
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	53	574.35	660.50
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	54	601.10	691.27
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	55	627.84	722.02
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	56	656.84	755.37
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	57	686.13	789.05
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	58	717.37	824.98
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	59	732.87	842.80
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	60	764.11	878.73
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	61	791.14	909.81
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	62	808.88	930.21
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	63	831.12	955.79
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	64	844.36	971.01
14002TN0380009	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	844.36	971.01

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	196.30	196.30
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	21	309.14	355.51
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	22	309.14	355.51
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	23	309.14	355.51
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	24	309.14	355.51
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	25	310.38	356.94
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	26	316.56	364.04
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	27	323.98	372.58
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	28	336.04	386.45
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	29	345.93	397.82
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	30	350.88	403.51
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	31	358.30	412.05
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	32	365.72	420.58
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	33	370.35	425.90
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	34	375.30	431.60
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	35	377.77	434.44
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	36	380.24	437.28
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	37	382.72	440.13
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	38	385.19	442.97
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	39	390.14	448.66
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	40	395.08	454.34
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	41	402.50	462.88
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	42	409.62	471.06

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	43	419.51	482.44
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	44	431.87	496.65
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	45	446.40	513.36
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	46	463.72	533.28
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	47	483.19	555.67
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	48	505.45	581.27
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	49	527.40	606.51
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	50	552.13	634.95
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	51	576.55	663.03
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	52	603.45	693.97
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	53	630.65	725.25
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	54	660.02	759.02
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	55	689.39	792.80
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	56	721.23	829.41
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	57	753.38	866.39
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	58	787.69	905.84
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	59	804.70	925.41
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	60	839.01	964.86
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	61	868.69	998.99
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	62	888.17	1021.40
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	63	912.59	1049.48
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	64	927.12	1066.19
14002TN0380009	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	927.12	1066.19

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	143.04	143.04
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	21	225.26	259.05
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	22	225.26	259.05
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	23	225.26	259.05
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	24	225.26	259.05
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	25	226.17	260.10
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	26	230.68	265.28
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	27	236.08	271.49
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	28	244.86	281.59
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	29	252.07	289.88
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	30	255.68	294.03
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	31	261.08	300.24
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	32	266.49	306.46
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	33	269.86	310.34
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	34	273.47	314.49
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	35	275.28	316.57
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	36	277.08	318.64
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	37	278.87	320.70
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	38	280.68	322.78
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	39	284.28	326.92
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	40	287.89	331.07
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	41	293.29	337.28
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	42	298.47	343.24

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	43	305.69	351.54
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	44	314.70	361.91
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	45	325.29	374.08
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	46	337.90	388.59
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	47	352.09	404.90
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	48	368.30	423.55
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	49	384.31	441.96
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	50	402.32	462.67
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	51	420.12	483.14
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	52	439.72	505.68
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	53	459.54	528.47
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	54	480.94	553.08
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	55	502.34	577.69
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	56	525.54	604.37
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	57	548.97	631.32
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	58	573.98	660.08
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	59	586.36	674.31
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	60	611.36	703.06
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	61	633.00	727.95
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	62	647.19	744.27
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	63	664.98	764.73
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	64	675.57	776.91
14002TN0380011	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	675.57	776.91

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	146.16	146.16
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	21	230.19	264.72
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	22	230.19	264.72
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	23	230.19	264.72
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	24	230.19	264.72
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	25	231.11	265.78
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	26	235.72	271.08
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	27	241.24	277.43
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	28	250.22	287.75
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	29	257.58	296.22
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	30	261.26	300.45
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	31	266.78	306.80
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	32	272.31	313.16
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	33	275.76	317.12
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	34	279.45	321.37
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	35	281.29	323.48
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	36	283.13	325.60
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	37	284.97	327.72
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	38	286.81	329.83
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	39	290.50	334.08
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	40	294.18	338.31
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	41	299.70	344.66
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	42	304.99	350.74

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	43	312.37	359.23
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	44	321.57	369.81
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	45	332.40	382.26
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	46	345.29	397.08
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	47	359.78	413.75
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	48	376.35	432.80
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	49	392.70	451.61
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	50	411.11	472.78
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	51	429.30	493.70
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	52	449.33	516.73
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	53	469.58	540.02
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	54	491.45	565.17
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	55	513.32	590.32
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	56	537.03	617.58
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	57	560.96	645.10
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	58	586.52	674.50
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	59	599.18	689.06
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	60	624.72	718.43
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	61	646.83	743.85
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	62	661.33	760.53
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	63	679.51	781.44
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	64	690.34	793.89
14002TN0380011	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	690.34	793.89

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	154.02	154.02
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	21	242.55	278.93
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	22	242.55	278.93
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	23	242.55	278.93
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	24	242.55	278.93
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	25	243.52	280.05
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	26	248.38	285.64
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	27	254.19	292.32
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	28	263.66	303.21
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	29	271.41	312.12
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	30	275.30	316.60
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	31	281.11	323.28
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	32	286.94	329.98
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	33	290.58	334.17
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	34	294.46	338.63
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	35	296.40	340.86
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	36	298.34	343.09
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	37	300.27	345.31
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	38	302.22	347.55
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	39	306.10	352.02
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	40	309.99	356.49
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	41	315.80	363.17
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	42	321.38	369.59

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	43	329.15	378.52
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	44	338.85	389.68
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	45	350.25	402.79
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	46	363.83	418.40
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	47	379.11	435.98
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	48	396.57	456.06
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	49	413.80	475.87
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	50	433.20	498.18
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	51	452.36	520.21
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	52	473.46	544.48
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	53	494.80	569.02
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	54	517.85	595.53
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	55	540.90	622.04
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	56	565.87	650.75
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	57	591.10	679.77
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	58	618.03	710.73
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	59	631.36	726.06
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	60	658.28	757.02
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	61	681.58	783.82
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	62	696.85	801.38
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	63	716.02	823.42
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	64	727.42	836.53
14002TN0380011	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	727.42	836.53

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	157.06	157.06
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	21	247.34	284.44
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	22	247.34	284.44
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	23	247.34	284.44
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	24	247.34	284.44
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	25	248.33	285.58
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	26	253.29	291.28
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	27	259.22	298.10
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	28	268.87	309.20
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	29	276.78	318.30
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	30	280.74	322.85
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	31	286.67	329.67
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	32	292.61	336.50
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	33	296.32	340.77
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	34	300.28	345.32
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	35	302.26	347.60
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	36	304.24	349.88
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	37	306.21	352.14
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	38	308.19	354.42
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	39	312.15	358.97
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	40	316.11	363.53
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	41	322.04	370.35
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	42	327.73	376.89

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	43	335.65	386.00
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	44	345.54	397.37
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	45	357.17	410.75
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	46	371.02	426.67
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	47	386.60	444.59
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	48	404.40	465.06
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	49	421.97	485.27
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	50	441.76	508.02
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	51	461.30	530.50
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	52	482.82	555.24
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	53	504.58	580.27
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	54	528.08	607.29
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	55	551.58	634.32
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	56	577.05	663.61
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	57	602.78	693.20
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	58	630.24	724.78
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	59	643.84	740.42
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	60	671.29	771.98
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	61	695.04	799.30
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	62	710.62	817.21
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	63	730.16	839.68
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	64	741.79	853.06
14002TN0380011	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	741.79	853.06

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	162.08	162.08
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	21	255.25	293.54
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	22	255.25	293.54
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	23	255.25	293.54
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	24	255.25	293.54
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	25	256.27	294.71
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	26	261.38	300.59
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	27	267.50	307.63
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	28	277.45	319.07
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	29	285.62	328.46
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	30	289.70	333.16
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	31	295.82	340.19
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	32	301.96	347.25
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	33	305.78	351.65
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	34	309.87	356.35
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	35	311.91	358.70
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	36	313.96	361.05
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	37	315.99	363.39
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	38	318.03	365.73
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	39	322.12	370.44
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	40	326.21	375.14
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	41	332.33	382.18
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	42	338.20	388.93

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	43	346.37	398.33
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	44	356.58	410.07
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	45	368.58	423.87
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	46	382.87	440.30
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	47	398.95	458.79
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	48	417.32	479.92
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	49	435.45	500.77
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	50	455.87	524.25
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	51	476.03	547.43
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	52	498.24	572.98
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	53	520.70	598.81
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	54	544.95	626.69
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	55	569.20	654.58
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	56	595.49	684.81
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	57	622.03	715.33
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	58	650.37	747.93
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	59	664.40	764.06
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	60	692.73	796.64
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	61	717.24	824.83
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	62	733.32	843.32
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	63	753.49	866.51
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	64	765.49	880.31
14002TN0380011	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	765.49	880.31

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	165.23	165.23
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	21	260.21	299.24
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	22	260.21	299.24
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	23	260.21	299.24
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	24	260.21	299.24
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	25	261.25	300.44
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	26	266.46	306.43
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	27	272.69	313.59
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	28	282.85	325.28
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	29	291.17	334.85
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	30	295.33	339.63
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	31	301.57	346.81
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	32	307.82	353.99
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	33	311.72	358.48
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	34	315.89	363.27
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	35	317.97	365.67
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	36	320.06	368.07
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	37	322.13	370.45
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	38	324.21	372.84
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	39	328.38	377.64
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	40	332.55	382.43
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	41	338.79	389.61
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	42	344.77	396.49

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	43	353.10	406.07
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	44	363.51	418.04
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	45	375.74	432.10
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	46	390.32	448.87
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	47	406.70	467.71
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	48	425.43	489.24
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	49	443.92	510.51
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	50	464.73	534.44
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	51	485.28	558.07
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	52	507.92	584.11
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	53	530.82	610.44
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	54	555.54	638.87
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	55	580.26	667.30
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	56	607.06	698.12
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	57	634.12	729.24
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	58	663.01	762.46
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	59	677.32	778.92
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	60	706.19	812.12
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	61	731.18	840.86
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	62	747.57	859.71
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	63	768.13	883.35
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	64	780.36	897.41
14002TN0380011	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	780.36	897.41

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	145.15	145.15
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	21	228.59	262.88
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	22	228.59	262.88
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	23	228.59	262.88
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	24	228.59	262.88
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	25	229.51	263.94
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	26	234.08	269.19
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	27	239.56	275.49
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	28	248.48	285.75
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	29	255.79	294.16
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	30	259.45	298.37
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	31	264.93	304.67
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	32	270.42	310.98
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	33	273.85	314.93
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	34	277.51	319.14
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	35	279.34	321.24
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	36	281.17	323.35
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	37	282.99	325.44
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	38	284.82	327.54
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	39	288.48	331.75
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	40	292.14	335.96
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	41	297.62	342.26
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	42	302.88	348.31

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	43	310.20	356.73
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	44	319.34	367.24
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	45	330.09	379.60
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	46	342.89	394.32
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	47	357.29	410.88
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	48	373.74	429.80
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	49	389.98	448.48
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	50	408.26	469.50
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	51	426.32	490.27
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	52	446.21	513.14
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	53	466.33	536.28
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	54	488.04	561.25
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	55	509.76	586.22
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	56	533.30	613.30
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	57	557.08	640.64
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	58	582.46	669.83
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	59	595.02	684.27
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	60	620.39	713.45
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	61	642.35	738.70
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	62	656.75	755.26
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	63	674.80	776.02
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	64	685.55	788.38
14002TN0380011	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	685.55	788.38

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	159.38	159.38
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	21	251.00	288.65
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	22	251.00	288.65
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	23	251.00	288.65
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	24	251.00	288.65
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	25	252.00	289.80
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	26	257.03	295.58
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	27	263.05	302.51
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	28	272.84	313.77
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	29	280.87	323.00
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	30	284.89	327.62
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	31	290.90	334.54
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	32	296.93	341.47
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	33	300.69	345.79
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	34	304.71	350.42
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	35	306.72	352.73
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	36	308.73	355.04
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	37	310.73	357.34
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	38	312.74	359.65
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	39	316.76	364.27
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	40	320.78	368.90
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	41	326.80	375.82
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	42	332.57	382.46

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	43	340.61	391.70
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	44	350.65	403.25
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	45	362.45	416.82
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	46	376.51	432.99
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	47	392.31	451.16
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	48	410.38	471.94
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	49	428.21	492.44
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	50	448.28	515.52
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	51	468.11	538.33
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	52	489.95	563.44
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	53	512.04	588.85
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	54	535.89	616.27
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	55	559.73	643.69
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	56	585.58	673.42
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	57	611.68	703.43
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	58	639.55	735.48
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	59	653.35	751.35
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	60	681.21	783.39
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	61	705.31	811.11
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	62	721.12	829.29
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	63	740.95	852.09
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	64	752.75	865.66
14002TN0380011	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	752.75	865.66

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	143.79	143.79
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	21	226.45	260.42
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	22	226.45	260.42
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	23	226.45	260.42
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	24	226.45	260.42
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	25	227.35	261.45
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	26	231.88	266.66
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	27	237.32	272.92
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	28	246.15	283.07
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	29	253.40	291.41
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	30	257.02	295.57
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	31	262.45	301.82
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	32	267.89	308.07
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	33	271.29	311.98
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	34	274.91	316.15
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	35	276.72	318.23
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	36	278.54	320.32
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	37	280.34	322.39
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	38	282.15	324.47
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	39	285.78	328.65
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	40	289.40	332.81
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	41	294.83	339.05
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	42	300.05	345.06

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	43	307.29	353.38
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	44	316.35	363.80
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	45	327.00	376.05
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	46	339.67	390.62
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	47	353.94	407.03
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	48	370.24	425.78
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	49	386.32	444.27
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	50	404.44	465.11
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	51	422.33	485.68
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	52	442.02	508.32
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	53	461.96	531.25
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	54	483.47	555.99
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	55	504.99	580.74
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	56	528.31	607.56
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	57	551.86	634.64
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	58	577.00	663.55
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	59	589.45	677.87
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	60	614.58	706.77
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	61	636.32	731.77
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	62	650.59	748.18
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	63	668.47	768.74
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	64	679.12	780.99
14002TN0380013	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	679.12	780.99

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	146.94	146.94
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	21	231.40	266.11
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	22	231.40	266.11
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	23	231.40	266.11
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	24	231.40	266.11
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	25	232.32	267.17
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	26	236.95	272.49
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	27	242.51	278.89
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	28	251.53	289.26
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	29	258.94	297.78
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	30	262.64	302.04
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	31	268.19	308.42
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	32	273.75	314.81
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	33	277.22	318.80
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	34	280.92	323.06
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	35	282.77	325.19
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	36	284.62	327.31
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	37	286.47	329.44
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	38	288.32	331.57
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	39	292.03	335.83
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	40	295.73	340.09
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	41	301.28	346.47
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	42	306.60	352.59

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	43	314.01	361.11
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	44	323.27	371.76
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	45	334.14	384.26
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	46	347.10	399.17
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	47	361.67	415.92
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	48	378.33	435.08
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	49	394.76	453.97
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	50	413.28	475.27
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	51	431.56	496.29
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	52	451.68	519.43
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	53	472.06	542.87
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	54	494.03	568.13
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	55	516.02	593.42
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	56	539.85	620.83
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	57	563.92	648.51
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	58	589.61	678.05
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	59	602.33	692.68
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	60	628.01	722.21
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	61	650.23	747.76
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	62	664.81	764.53
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	63	683.08	785.54
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	64	693.96	798.05
14002TN0380013	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	693.96	798.05

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	154.83	154.83
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	21	243.83	280.40
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	22	243.83	280.40
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	23	243.83	280.40
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	24	243.83	280.40
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	25	244.80	281.52
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	26	249.68	287.13
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	27	255.54	293.87
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	28	265.05	304.81
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	29	272.85	313.78
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	30	276.74	318.25
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	31	282.59	324.98
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	32	288.45	331.72
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	33	292.11	335.93
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	34	296.01	340.41
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	35	297.96	342.65
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	36	299.91	344.90
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	37	301.86	347.14
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	38	303.81	349.38
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	39	307.72	353.88
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	40	311.61	358.35
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	41	317.46	365.08
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	42	323.07	371.53

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	43	330.87	380.50
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	44	340.63	391.72
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	45	352.09	404.90
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	46	365.74	420.60
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	47	381.10	438.27
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	48	398.66	458.46
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	49	415.97	478.37
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	50	435.48	500.80
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	51	454.74	522.95
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	52	475.95	547.34
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	53	497.41	572.02
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	54	520.57	598.66
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	55	543.74	625.30
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	56	568.85	654.18
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	57	594.21	683.34
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	58	621.28	714.47
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	59	634.68	729.88
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	60	661.75	761.01
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	61	685.16	787.93
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	62	700.52	805.60
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	63	719.78	827.75
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	64	731.24	840.93
14002TN0380013	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	731.24	840.93

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	157.89	157.89
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	21	248.65	285.95
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	22	248.65	285.95
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	23	248.65	285.95
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	24	248.65	285.95
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	25	249.64	287.09
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	26	254.61	292.80
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	27	260.59	299.68
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	28	270.28	310.82
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	29	278.24	319.98
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	30	282.21	324.54
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	31	288.18	331.41
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	32	294.15	338.27
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	33	297.88	342.56
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	34	301.85	347.13
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	35	303.85	349.43
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	36	305.84	351.72
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	37	307.82	353.99
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	38	309.81	356.28
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	39	313.80	360.87
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	40	317.77	365.44
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	41	323.73	372.29
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	42	329.46	378.88

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	43	337.41	388.02
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	44	347.36	399.46
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	45	359.05	412.91
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	46	372.97	428.92
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	47	388.63	446.92
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	48	406.53	467.51
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	49	424.19	487.82
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	50	444.08	510.69
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	51	463.73	533.29
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	52	485.35	558.15
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	53	507.24	583.33
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	54	530.86	610.49
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	55	554.48	637.65
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	56	580.09	667.10
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	57	605.95	696.84
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	58	633.56	728.59
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	59	647.22	744.30
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	60	674.82	776.04
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	61	698.69	803.49
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	62	714.36	821.51
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	63	734.00	844.10
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	64	745.68	857.53
14002TN0380013	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	745.68	857.53

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	162.93	162.93
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	21	256.59	295.08
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	22	256.59	295.08
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	23	256.59	295.08
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	24	256.59	295.08
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	25	257.61	296.25
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	26	262.74	302.15
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	27	268.91	309.25
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	28	278.92	320.76
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	29	287.13	330.20
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	30	291.23	334.91
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	31	297.38	341.99
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	32	303.55	349.08
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	33	307.40	353.51
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	34	311.50	358.23
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	35	313.55	360.58
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	36	315.61	362.95
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	37	317.65	365.30
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	38	319.71	367.67
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	39	323.82	372.39
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	40	327.92	377.11
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	41	334.07	384.18
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	42	339.98	390.98

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	43	348.19	400.42
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	44	358.46	412.23
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	45	370.52	426.10
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	46	384.88	442.61
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	47	401.04	461.20
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	48	419.52	482.45
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	49	437.73	503.39
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	50	458.27	527.01
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	51	478.54	550.32
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	52	500.85	575.98
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	53	523.44	601.96
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	54	547.81	629.98
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	55	572.20	658.03
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	56	598.62	688.41
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	57	625.31	719.11
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	58	653.79	751.86
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	59	667.90	768.09
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	60	696.38	800.84
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	61	721.01	829.16
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	62	737.18	847.76
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	63	757.44	871.06
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	64	769.50	884.93
14002TN0380013	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	769.50	884.93

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	166.10	166.10
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	21	261.57	300.81
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	22	261.57	300.81
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	23	261.57	300.81
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	24	261.57	300.81
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	25	262.62	302.01
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	26	267.85	308.03
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	27	274.14	315.26
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	28	284.34	326.99
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	29	292.71	336.62
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	30	296.89	341.42
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	31	303.16	348.63
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	32	309.45	355.87
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	33	313.37	360.38
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	34	317.55	365.18
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	35	319.65	367.60
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	36	321.74	370.00
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	37	323.83	372.40
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	38	325.92	374.81
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	39	330.11	379.63
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	40	334.29	384.43
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	41	340.57	391.66
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	42	346.59	398.58

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	43	354.96	408.20
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	44	365.42	420.23
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	45	377.72	434.38
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	46	392.36	451.21
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	47	408.84	470.17
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	48	427.67	491.82
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	49	446.24	513.18
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	50	467.17	537.25
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	51	487.84	561.02
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	52	510.59	587.18
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	53	533.62	613.66
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	54	558.46	642.23
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	55	583.32	670.82
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	56	610.26	701.80
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	57	637.46	733.08
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	58	666.50	766.48
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	59	680.88	783.01
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	60	709.91	816.40
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	61	735.02	845.27
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	62	751.51	864.24
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	63	772.16	887.98
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	64	784.46	902.13
14002TN0380013	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	784.46	902.13

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	145.92	145.92
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	21	229.79	264.26
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	22	229.79	264.26
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	23	229.79	264.26
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	24	229.79	264.26
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	25	230.71	265.32
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	26	235.31	270.61
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	27	240.83	276.95
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	28	249.79	287.26
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	29	257.14	295.71
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	30	260.81	299.93
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	31	266.33	306.28
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	32	271.85	312.63
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	33	275.30	316.60
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	34	278.97	320.82
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	35	280.81	322.93
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	36	282.65	325.05
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	37	284.48	327.15
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	38	286.32	329.27
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	39	290.00	333.50
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	40	293.68	337.73
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	41	299.19	344.07
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	42	304.48	350.15

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	43	311.83	358.60
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	44	321.02	369.17
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	45	331.83	381.60
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	46	344.69	396.39
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	47	359.16	413.03
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	48	375.71	432.07
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	49	392.03	450.83
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	50	410.41	471.97
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	51	428.57	492.86
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	52	448.55	515.83
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	53	468.78	539.10
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	54	490.61	564.20
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	55	512.45	589.32
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	56	536.11	616.53
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	57	560.01	644.01
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	58	585.52	673.35
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	59	598.15	687.87
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	60	623.66	717.21
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	61	645.72	742.58
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	62	660.20	759.23
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	63	678.35	780.10
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	64	689.15	792.52
14002TN0380013	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	689.15	792.52

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	160.22	160.22
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	21	252.32	290.17
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	22	252.32	290.17
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	23	252.32	290.17
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	24	252.32	290.17
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	25	253.32	291.32
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	26	258.37	297.13
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	27	264.44	304.11
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	28	274.28	315.42
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	29	282.35	324.70
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	30	286.38	329.34
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	31	292.43	336.29
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	32	298.50	343.28
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	33	302.28	347.62
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	34	306.32	352.27
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	35	308.34	354.59
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	36	310.36	356.91
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	37	312.37	359.23
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	38	314.39	361.55
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	39	318.43	366.19
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	40	322.46	370.83
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	41	328.52	377.80
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	42	334.32	384.47

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	43	342.40	393.76
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	44	352.49	405.36
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	45	364.35	419.00
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	46	378.48	435.25
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	47	394.37	453.53
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	48	412.54	474.42
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	49	430.45	495.02
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	50	450.64	518.24
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	51	470.58	541.17
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	52	492.52	566.40
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	53	514.74	591.95
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	54	538.70	619.51
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	55	562.68	647.08
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	56	588.67	676.97
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	57	614.91	707.15
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	58	642.92	739.36
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	59	656.79	755.31
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	60	684.80	787.52
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	61	709.02	815.37
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	62	724.92	833.66
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	63	744.84	856.57
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	64	756.70	870.21
14002TN0380013	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	756.70	870.21

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	163.58	163.58
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	21	257.61	296.25
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	22	257.61	296.25
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	23	257.61	296.25
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	24	257.61	296.25
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	25	258.63	297.42
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	26	263.79	303.36
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	27	269.97	310.47
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	28	280.02	322.02
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	29	288.26	331.50
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	30	292.38	336.24
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	31	298.57	343.36
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	32	304.74	350.45
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	33	308.61	354.90
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	34	312.73	359.64
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	35	314.79	362.01
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	36	316.86	364.39
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	37	318.91	366.75
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	38	320.98	369.13
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	39	325.10	373.87
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	40	329.22	378.60
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	41	335.41	385.72
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	42	341.33	392.53

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	43	349.57	402.01
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	44	359.87	413.85
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	45	371.98	427.78
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	46	386.41	444.37
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	47	402.64	463.04
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	48	421.19	484.37
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	49	439.48	505.40
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	50	460.08	529.09
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	51	480.44	552.51
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	52	502.85	578.28
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	53	525.52	604.35
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	54	549.98	632.48
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	55	574.46	660.63
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	56	600.99	691.14
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	57	627.79	721.96
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	58	656.38	754.84
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	59	670.55	771.13
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	60	699.14	804.01
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	61	723.88	832.46
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	62	740.10	851.12
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	63	760.45	874.52
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	64	772.55	888.43
14002TN0380014	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	772.55	888.43

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	167.16	167.16
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	21	263.24	302.73
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	22	263.24	302.73
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	23	263.24	302.73
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	24	263.24	302.73
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	25	264.29	303.93
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	26	269.56	309.99
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	27	275.87	317.25
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	28	286.13	329.05
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	29	294.56	338.74
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	30	298.77	343.59
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	31	305.09	350.85
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	32	311.40	358.11
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	33	315.36	362.66
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	34	319.57	367.51
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	35	321.67	369.92
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	36	323.78	372.35
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	37	325.88	374.76
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	38	327.99	377.19
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	39	332.20	382.03
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	40	336.41	386.87
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	41	342.74	394.15
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	42	348.79	401.11

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	43	357.21	410.79
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	44	367.74	422.90
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	45	380.11	437.13
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	46	394.86	454.09
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	47	411.44	473.16
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	48	430.39	494.95
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	49	449.08	516.44
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	50	470.14	540.66
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	51	490.94	564.58
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	52	513.84	590.92
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	53	537.00	617.55
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	54	562.00	646.30
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	55	587.01	675.06
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	56	614.13	706.25
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	57	641.50	737.73
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	58	670.73	771.34
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	59	685.20	787.98
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	60	714.42	821.58
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	61	739.69	850.64
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	62	756.27	869.71
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	63	777.07	893.63
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	64	789.44	907.86
14002TN0380014	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	789.44	907.86

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	176.14	176.14
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	21	277.38	318.99
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	22	277.38	318.99
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	23	277.38	318.99
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	24	277.38	318.99
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	25	278.48	320.25
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	26	284.04	326.65
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	27	290.69	334.29
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	28	301.51	346.74
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	29	310.38	356.94
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	30	314.82	362.04
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	31	321.48	369.70
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	32	328.13	377.35
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	33	332.30	382.15
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	34	336.73	387.24
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	35	338.95	389.79
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	36	341.17	392.35
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	37	343.39	394.90
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	38	345.61	397.45
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	39	350.05	402.56
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	40	354.49	407.66
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	41	361.15	415.32
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	42	367.53	422.66

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	43	376.40	432.86
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	44	387.49	445.61
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	45	400.53	460.61
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	46	416.07	478.48
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	47	433.54	498.57
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	48	453.51	521.54
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	49	473.20	544.18
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	50	495.39	569.70
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	51	517.31	594.91
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	52	541.44	622.66
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	53	565.85	650.73
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	54	592.19	681.02
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	55	618.55	711.33
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	56	647.12	744.19
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	57	675.97	777.37
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	58	706.76	812.77
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	59	722.01	830.31
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	60	752.79	865.71
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	61	779.43	896.34
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	62	796.90	916.44
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	63	818.81	941.63
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	64	831.84	956.62
14002TN0380014	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	831.84	956.62

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	179.62	179.62
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	21	282.86	325.29
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	22	282.86	325.29
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	23	282.86	325.29
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	24	282.86	325.29
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	25	283.98	326.58
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	26	289.65	333.10
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	27	296.43	340.89
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	28	307.46	353.58
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	29	316.51	363.99
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	30	321.04	369.20
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	31	327.83	377.00
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	32	334.61	384.80
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	33	338.86	389.69
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	34	343.39	394.90
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	35	345.64	397.49
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	36	347.91	400.10
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	37	350.17	402.70
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	38	352.44	405.31
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	39	356.96	410.50
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	40	361.49	415.71
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	41	368.28	423.52
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	42	374.79	431.01

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	43	383.84	441.42
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	44	395.15	454.42
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	45	408.45	469.72
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	46	424.29	487.93
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	47	442.10	508.42
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	48	462.47	531.84
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	49	482.55	554.93
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	50	505.18	580.96
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	51	527.53	606.66
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	52	552.14	634.96
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	53	577.03	663.58
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	54	603.89	694.47
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	55	630.77	725.39
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	56	659.90	758.89
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	57	689.32	792.72
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	58	720.72	828.83
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	59	736.28	846.72
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	60	767.67	882.82
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	61	794.83	914.05
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	62	812.64	934.54
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	63	834.99	960.24
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	64	848.28	975.52
14002TN0380014	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	848.28	975.52

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	185.35	185.35
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	21	291.89	335.67
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	22	291.89	335.67
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	23	291.89	335.67
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	24	291.89	335.67
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	25	293.06	337.02
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	26	298.90	343.74
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	27	305.90	351.79
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	28	317.28	364.87
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	29	326.62	375.61
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	30	331.29	380.98
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	31	338.30	389.05
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	32	345.30	397.10
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	33	349.69	402.14
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	34	354.36	407.51
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	35	356.69	410.19
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	36	359.03	412.88
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	37	361.36	415.56
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	38	363.70	418.26
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	39	368.37	423.63
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	40	373.04	429.00
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	41	380.05	437.06
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	42	386.76	444.77

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	43	396.10	455.52
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	44	407.77	468.94
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	45	421.49	484.71
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	46	437.84	503.52
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	47	456.22	524.65
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	48	477.24	548.83
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	49	497.97	572.67
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	50	521.32	599.52
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	51	544.38	626.04
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	52	569.77	655.24
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	53	595.46	684.78
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	54	623.18	716.66
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	55	650.92	748.56
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	56	680.98	783.13
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	57	711.34	818.04
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	58	743.74	855.30
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	59	759.80	873.77
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	60	792.19	911.02
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	61	820.22	943.25
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	62	838.60	964.39
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	63	861.66	990.91
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	64	875.37	1006.68
14002TN0380014	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	875.37	1006.68

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	188.96	188.96
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	21	297.56	342.19
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	22	297.56	342.19
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	23	297.56	342.19
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	24	297.56	342.19
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	25	298.75	343.56
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	26	304.71	350.42
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	27	311.85	358.63
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	28	323.45	371.97
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	29	332.97	382.92
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	30	337.73	388.39
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	31	344.88	396.61
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	32	352.01	404.81
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	33	356.48	409.95
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	34	361.24	415.43
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	35	363.62	418.16
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	36	366.00	420.90
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	37	368.38	423.64
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	38	370.76	426.37
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	39	375.52	431.85
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	40	380.29	437.33
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	41	387.43	445.54
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	42	394.28	453.42

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	43	403.80	464.37
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	44	415.69	478.04
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	45	429.68	494.13
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	46	446.35	513.30
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	47	465.09	534.85
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	48	486.52	559.50
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	49	507.64	583.79
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	50	531.45	611.17
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	51	554.96	638.20
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	52	580.85	667.98
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	53	607.03	698.08
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	54	635.29	730.58
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	55	663.57	763.11
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	56	694.21	798.34
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	57	725.16	833.93
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	58	758.20	871.93
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	59	774.56	890.74
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	60	807.58	928.72
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	61	836.16	961.58
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	62	854.90	983.14
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	63	878.41	1010.17
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	64	892.39	1026.25
14002TN0380014	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	892.39	1026.25

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	166.00	166.00
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	21	261.41	300.62
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	22	261.41	300.62
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	23	261.41	300.62
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	24	261.41	300.62
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	25	262.45	301.82
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	26	267.69	307.84
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	27	273.96	315.05
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	28	284.15	326.77
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	29	292.52	336.40
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	30	296.70	341.21
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	31	302.98	348.43
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	32	309.24	355.63
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	33	313.17	360.15
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	34	317.35	364.95
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	35	319.44	367.36
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	36	321.54	369.77
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	37	323.62	372.16
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	38	325.72	374.58
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	39	329.90	379.39
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	40	334.08	384.19
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	41	340.36	391.41
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	42	346.37	398.33

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	43	354.74	407.95
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	44	365.19	419.97
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	45	377.48	434.10
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	46	392.12	450.94
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	47	408.58	469.87
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	48	427.41	491.52
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	49	445.97	512.87
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	50	466.88	536.91
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	51	487.53	560.66
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	52	510.27	586.81
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	53	533.28	613.27
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	54	558.11	641.83
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	55	582.95	670.39
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	56	609.87	701.35
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	57	637.06	732.62
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	58	666.08	765.99
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	59	680.46	782.53
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	60	709.46	815.88
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	61	734.57	844.76
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	62	751.03	863.68
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	63	771.69	887.44
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	64	783.97	901.57
14002TN0380014	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	783.97	901.57

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	182.27	182.27
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	21	287.04	330.10
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	22	287.04	330.10
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	23	287.04	330.10
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	24	287.04	330.10
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	25	288.18	331.41
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	26	293.93	338.02
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	27	300.81	345.93
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	28	312.01	358.81
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	29	321.19	369.37
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	30	325.78	374.65
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	31	332.68	382.58
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	32	339.56	390.49
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	33	343.87	395.45
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	34	348.46	400.73
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	35	350.75	403.36
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	36	353.05	406.01
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	37	355.34	408.64
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	38	357.65	411.30
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	39	362.24	416.58
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	40	366.83	421.85
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	41	373.72	429.78
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	42	380.33	437.38

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	43	389.51	447.94
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	44	400.98	461.13
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	45	414.48	476.65
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	46	430.56	495.14
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	47	448.64	515.94
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	48	469.31	539.71
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	49	489.68	563.13
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	50	512.64	589.54
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	51	535.32	615.62
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	52	560.29	644.33
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	53	585.56	673.39
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	54	612.82	704.74
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	55	640.09	736.10
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	56	669.65	770.10
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	57	699.51	804.44
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	58	731.37	841.08
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	59	747.16	859.23
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	60	779.01	895.86
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	61	806.57	927.56
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	62	824.65	948.35
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	63	847.33	974.43
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	64	860.81	989.93
14002TN0380014	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	860.81	989.93

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	168.99	168.99
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	21	266.13	306.05
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	22	266.13	306.05
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	23	266.13	306.05
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	24	266.13	306.05
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	25	267.20	307.28
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	26	272.52	313.40
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	27	278.91	320.75
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	28	289.28	332.67
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	29	297.80	342.47
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	30	302.06	347.37
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	31	308.44	354.71
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	32	314.84	362.07
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	33	318.83	366.65
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	34	323.08	371.54
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	35	325.21	373.99
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	36	327.35	376.45
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	37	329.48	378.90
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	38	331.60	381.34
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	39	335.86	386.24
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	40	340.12	391.14
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	41	346.50	398.48
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	42	352.63	405.52

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	43	361.14	415.31
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	44	371.79	427.56
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	45	384.30	441.95
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	46	399.20	459.08
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	47	415.97	478.37
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	48	435.12	500.39
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	49	454.03	522.13
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	50	475.32	546.62
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	51	496.34	570.79
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	52	519.49	597.41
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	53	542.91	624.35
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	54	568.19	653.42
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	55	593.48	682.50
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	56	620.89	714.02
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	57	648.56	745.84
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	58	678.11	779.83
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	59	692.74	796.65
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	60	722.29	830.63
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	61	747.83	860.00
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	62	764.60	879.29
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	63	785.62	903.46
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	64	798.13	917.85
14002TN0380001	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	798.13	917.85

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	158.84	158.84
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	21	250.15	287.67
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	22	250.15	287.67
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	23	250.15	287.67
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	24	250.15	287.67
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	25	251.16	288.83
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	26	256.15	294.57
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	27	262.17	301.50
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	28	271.91	312.70
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	29	279.92	321.91
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	30	283.92	326.51
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	31	289.93	333.42
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	32	295.94	340.33
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	33	299.68	344.63
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	34	303.68	349.23
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	35	305.68	351.53
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	36	307.69	353.84
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	37	309.69	356.14
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	38	311.69	358.44
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	39	315.69	363.04
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	40	319.70	367.66
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	41	325.70	374.56
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	42	331.45	381.17

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	43	339.45	390.37
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	44	349.47	401.89
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	45	361.22	415.40
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	46	375.24	431.53
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	47	390.99	449.64
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	48	409.00	470.35
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	49	426.76	490.77
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	50	446.78	513.80
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	51	466.54	536.52
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	52	488.30	561.55
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	53	510.31	586.86
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	54	534.08	614.19
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	55	557.85	641.53
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	56	583.61	671.15
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	57	609.62	701.06
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	58	637.39	733.00
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	59	651.15	748.82
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	60	678.92	780.76
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	61	702.93	808.37
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	62	718.69	826.49
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	63	738.45	849.22
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	64	750.21	862.74
14002TN0380001	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	750.21	862.74

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	163.72	163.72
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	21	257.83	296.50
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	22	257.83	296.50
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	23	257.83	296.50
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	24	257.83	296.50
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	25	258.87	297.70
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	26	264.01	303.61
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	27	270.21	310.74
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	28	280.26	322.30
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	29	288.51	331.79
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	30	292.64	336.54
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	31	298.82	343.64
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	32	305.02	350.77
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	33	308.88	355.21
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	34	313.00	359.95
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	35	315.06	362.32
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	36	317.13	364.70
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	37	319.20	367.08
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	38	321.26	369.45
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	39	325.38	374.19
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	40	329.51	378.94
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	41	335.69	386.04
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	42	341.62	392.86

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	43	349.87	402.35
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	44	360.19	414.22
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	45	372.31	428.16
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	46	386.75	444.76
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	47	402.99	463.44
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	48	421.55	484.78
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	49	439.86	505.84
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	50	460.49	529.56
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	51	480.85	552.98
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	52	503.28	578.77
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	53	525.97	604.87
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	54	550.47	633.04
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	55	574.96	661.20
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	56	601.51	691.74
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	57	628.33	722.58
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	58	656.95	755.49
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	59	671.13	771.80
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	60	699.75	804.71
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	61	724.50	833.18
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	62	740.74	851.85
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	63	761.11	875.28
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	64	773.23	889.21
14002TN0380001	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	773.23	889.21

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	174.00	174.00
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	21	274.02	315.12
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	22	274.02	315.12
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	23	274.02	315.12
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	24	274.02	315.12
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	25	275.12	316.39
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	26	280.59	322.68
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	27	287.18	330.26
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	28	297.86	342.54
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	29	306.63	352.62
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	30	311.01	357.66
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	31	317.59	365.23
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	32	324.17	372.80
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	33	328.28	377.52
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	34	332.66	382.56
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	35	334.85	385.08
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	36	337.05	387.61
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	37	339.24	390.13
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	38	341.43	392.64
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	39	345.82	397.69
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	40	350.20	402.73
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	41	356.77	410.29
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	42	363.08	417.54

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	43	371.84	427.62
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	44	382.81	440.23
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	45	395.69	455.04
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	46	411.04	472.70
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	47	428.30	492.55
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	48	448.02	515.22
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	49	467.48	537.60
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	50	489.40	562.81
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	51	511.05	587.71
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	52	534.88	615.11
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	53	559.00	642.85
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	54	585.03	672.78
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	55	611.07	702.73
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	56	639.29	735.18
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	57	667.79	767.96
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	58	698.20	802.93
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	59	713.28	820.27
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	60	743.69	855.24
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	61	770.00	885.50
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	62	787.26	905.35
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	63	808.91	930.25
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	64	821.79	945.06
14002TN0380001	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	821.79	945.06

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	176.06	176.06
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	21	277.27	318.86
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	22	277.27	318.86
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	23	277.27	318.86
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	24	277.27	318.86
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	25	278.39	320.15
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	26	283.92	326.51
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	27	290.59	334.18
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	28	301.39	346.60
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	29	310.27	356.81
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	30	314.71	361.92
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	31	321.36	369.56
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	32	328.02	377.22
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	33	332.17	382.00
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	34	336.61	387.10
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	35	338.82	389.64
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	36	341.05	392.21
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	37	343.27	394.76
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	38	345.49	397.31
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	39	349.92	402.41
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	40	354.35	407.50
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	41	361.01	415.16
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	42	367.39	422.50

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	43	376.26	432.70
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	44	387.35	445.45
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	45	400.38	460.44
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	46	415.92	478.31
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	47	433.38	498.39
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	48	453.34	521.34
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	49	473.03	543.98
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	50	495.21	569.49
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	51	517.11	594.68
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	52	541.23	622.41
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	53	565.63	650.47
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	54	591.98	680.78
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	55	618.32	711.07
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	56	646.88	743.91
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	57	675.71	777.07
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	58	706.49	812.46
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	59	721.74	830.00
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	60	752.52	865.40
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	61	779.14	896.01
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	62	796.61	916.10
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	63	818.51	941.29
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	64	831.54	956.27
14002TN0380001	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	831.54	956.27

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	168.75	168.75
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	21	265.76	305.62
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	22	265.76	305.62
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	23	265.76	305.62
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	24	265.76	305.62
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	25	266.82	306.84
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	26	272.13	312.95
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	27	278.52	320.30
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	28	288.87	332.20
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	29	297.38	341.99
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	30	301.63	346.87
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	31	308.01	354.21
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	32	314.39	361.55
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	33	318.38	366.14
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	34	322.63	371.02
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	35	324.75	373.46
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	36	326.89	375.92
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	37	329.01	378.36
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	38	331.14	380.81
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	39	335.39	385.70
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	40	339.64	390.59
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	41	346.01	397.91
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	42	352.13	404.95

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	43	360.63	414.72
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	44	371.26	426.95
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	45	383.75	441.31
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	46	398.64	458.44
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	47	415.38	477.69
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	48	434.51	499.69
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	49	453.38	521.39
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	50	474.64	545.84
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	51	495.64	569.99
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	52	518.75	596.56
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	53	542.14	623.46
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	54	567.39	652.50
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	55	592.64	681.54
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	56	620.01	713.01
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	57	647.65	744.80
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	58	677.15	778.72
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	59	691.76	795.52
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	60	721.27	829.46
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	61	746.78	858.80
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	62	763.52	878.05
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	63	784.51	902.19
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	64	797.00	916.55
14002TN0380001	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	797.00	916.55

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	157.74	157.74
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	21	248.42	285.68
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	22	248.42	285.68
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	23	248.42	285.68
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	24	248.42	285.68
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	25	249.42	286.83
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	26	254.38	292.54
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	27	260.35	299.40
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	28	270.03	310.53
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	29	277.98	319.68
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	30	281.96	324.25
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	31	287.92	331.11
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	32	293.88	337.96
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	33	297.61	342.25
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	34	301.58	346.82
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	35	303.57	349.11
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	36	305.56	351.39
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	37	307.55	353.68
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	38	309.53	355.96
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	39	313.51	360.54
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	40	317.48	365.10
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	41	323.44	371.96
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	42	329.16	378.53

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	43	337.10	387.67
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	44	347.04	399.10
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	45	358.72	412.53
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	46	372.63	428.52
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	47	388.28	446.52
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	48	406.16	467.08
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	49	423.81	487.38
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	50	443.68	510.23
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	51	463.30	532.80
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	52	484.91	557.65
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	53	506.77	582.79
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	54	530.38	609.94
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	55	553.98	637.08
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	56	579.56	666.49
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	57	605.40	696.21
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	58	632.97	727.92
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	59	646.64	743.64
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	60	674.21	775.34
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	61	698.06	802.77
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	62	713.71	820.77
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	63	733.33	843.33
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	64	745.01	856.76
14002TN0380001	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	745.01	856.76

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	176.57	176.57
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	21	278.07	319.78
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	22	278.07	319.78
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	23	278.07	319.78
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	24	278.07	319.78
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	25	279.19	321.07
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	26	284.74	327.45
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	27	291.42	335.13
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	28	302.26	347.60
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	29	311.16	357.83
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	30	315.61	362.95
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	31	322.28	370.62
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	32	328.96	378.30
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	33	333.13	383.10
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	34	337.57	388.21
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	35	339.80	390.77
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	36	342.03	393.33
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	37	344.25	395.89
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	38	346.48	398.45
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	39	350.93	403.57
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	40	355.37	408.68
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	41	362.04	416.35
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	42	368.44	423.71

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	43	377.34	433.94
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	44	388.46	446.73
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	45	401.53	461.76
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	46	417.11	479.68
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	47	434.63	499.82
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	48	454.64	522.84
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	49	474.39	545.55
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	50	496.64	571.14
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	51	518.60	596.39
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	52	542.79	624.21
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	53	567.26	652.35
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	54	593.68	682.73
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	55	620.10	713.12
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	56	648.74	746.05
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	57	677.65	779.30
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	58	708.52	814.80
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	59	723.82	832.39
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	60	754.68	867.88
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	61	781.38	898.59
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	62	798.89	918.72
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	63	820.86	943.99
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	64	833.93	959.02
14002TN0380001	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	833.93	959.02

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	177.37	177.37
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	21	279.33	321.23
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	22	279.33	321.23
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	23	279.33	321.23
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	24	279.33	321.23
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	25	280.46	322.53
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	26	286.03	328.93
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	27	292.75	336.66
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	28	303.63	349.17
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	29	312.58	359.47
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	30	317.04	364.60
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	31	323.75	372.31
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	32	330.46	380.03
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	33	334.64	384.84
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	34	339.11	389.98
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	35	341.34	392.54
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	36	343.59	395.13
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	37	345.82	397.69
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	38	348.05	400.26
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	39	352.52	405.40
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	40	356.99	410.54
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	41	363.69	418.24
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	42	370.12	425.64

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	43	379.05	435.91
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	44	390.23	448.76
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	45	403.36	463.86
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	46	419.01	481.86
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	47	436.60	502.09
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	48	456.71	525.22
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	49	476.55	548.03
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	50	498.89	573.72
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	51	520.96	599.10
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	52	545.26	627.05
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	53	569.84	655.32
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	54	596.38	685.84
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	55	622.92	716.36
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	56	651.68	749.43
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	57	680.73	782.84
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	58	711.74	818.50
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	59	727.11	836.18
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	60	758.11	871.83
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	61	784.93	902.67
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	62	802.53	922.91
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	63	824.59	948.28
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	64	837.72	963.38
14002TN0380006	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	837.72	963.38

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	181.25	181.25
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	21	285.44	328.26
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	22	285.44	328.26
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	23	285.44	328.26
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	24	285.44	328.26
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	25	286.58	329.57
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	26	292.29	336.13
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	27	299.14	344.01
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	28	310.27	356.81
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	29	319.41	367.32
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	30	323.97	372.57
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	31	330.82	380.44
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	32	337.68	388.33
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	33	341.95	393.24
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	34	346.52	398.50
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	35	348.80	401.12
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	36	351.09	403.75
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	37	353.38	406.39
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	38	355.66	409.01
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	39	360.22	414.25
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	40	364.79	419.51
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	41	371.64	427.39
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	42	378.21	434.94

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	43	387.34	445.44
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	44	398.76	458.57
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	45	412.17	474.00
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	46	428.16	492.38
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	47	446.14	513.06
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	48	466.69	536.69
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	49	486.96	560.00
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	50	509.80	586.27
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	51	532.34	612.19
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	52	557.17	640.75
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	53	582.29	669.63
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	54	609.41	700.82
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	55	636.53	732.01
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	56	665.93	765.82
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	57	695.61	799.95
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	58	727.30	836.40
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	59	742.99	854.44
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	60	774.68	890.88
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	61	802.08	922.39
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	62	820.06	943.07
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	63	842.61	969.00
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	64	856.03	984.43
14002TN0380006	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	856.03	984.43

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	190.98	190.98
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	21	300.77	345.89
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	22	300.77	345.89
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	23	300.77	345.89
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	24	300.77	345.89
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	25	301.98	347.28
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	26	307.99	354.19
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	27	315.21	362.49
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	28	326.93	375.97
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	29	336.57	387.06
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	30	341.38	392.59
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	31	348.59	400.88
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	32	355.82	409.19
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	33	360.32	414.37
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	34	365.13	419.90
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	35	367.54	422.67
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	36	369.95	425.44
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	37	372.36	428.21
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	38	374.76	430.97
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	39	379.57	436.51
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	40	384.38	442.04
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	41	391.60	450.34
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	42	398.52	458.30

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	43	408.14	469.36
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	44	420.18	483.21
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	45	434.32	499.47
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	46	451.16	518.83
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	47	470.11	540.63
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	48	491.76	565.52
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	49	513.12	590.09
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	50	537.18	617.76
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	51	560.94	645.08
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	52	587.10	675.17
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	53	613.57	705.61
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	54	642.15	738.47
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	55	670.73	771.34
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	56	701.70	806.96
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	57	732.98	842.93
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	58	766.36	881.31
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	59	782.91	900.35
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	60	816.30	938.75
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	61	845.17	971.95
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	62	864.12	993.74
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	63	887.87	1021.05
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	64	902.01	1037.31
14002TN0380006	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	902.01	1037.31

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	194.76	194.76
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	21	306.71	352.72
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	22	306.71	352.72
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	23	306.71	352.72
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	24	306.71	352.72
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	25	307.95	354.14
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	26	314.07	361.18
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	27	321.44	369.66
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	28	333.39	383.40
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	29	343.22	394.70
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	30	348.12	400.34
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	31	355.48	408.80
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	32	362.85	417.28
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	33	367.44	422.56
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	34	372.35	428.20
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	35	374.80	431.02
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	36	377.26	433.85
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	37	379.72	436.68
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	38	382.17	439.50
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	39	387.07	445.13
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	40	391.98	450.78
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	41	399.34	459.24
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	42	406.40	467.36

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	43	416.21	478.64
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	44	428.48	492.75
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	45	442.90	509.34
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	46	460.08	529.09
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	47	479.40	551.31
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	48	501.47	576.69
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	49	523.26	601.75
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	50	547.79	629.96
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	51	572.02	657.82
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	52	598.70	688.51
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	53	625.69	719.54
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	54	654.83	753.05
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	55	683.98	786.58
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	56	715.56	822.89
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	57	747.46	859.58
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	58	781.51	898.74
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	59	798.37	918.13
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	60	832.42	957.28
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	61	861.87	991.15
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	62	881.19	1013.37
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	63	905.41	1041.22
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	64	919.83	1057.80
14002TN0380006	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	919.83	1057.80

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	200.98	200.98
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	21	316.51	363.99
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	22	316.51	363.99
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	23	316.51	363.99
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	24	316.51	363.99
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	25	317.78	365.45
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	26	324.10	372.72
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	27	331.71	381.47
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	28	344.04	395.65
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	29	354.18	407.31
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	30	359.24	413.13
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	31	366.83	421.85
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	32	374.44	430.61
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	33	379.18	436.06
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	34	384.24	441.88
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	35	386.77	444.79
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	36	389.31	447.71
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	37	391.85	450.63
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	38	394.38	453.54
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	39	399.44	459.36
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	40	404.50	465.18
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	41	412.09	473.90
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	42	419.38	482.29

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	43	429.50	493.93
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	44	442.17	508.50
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	45	457.04	525.60
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	46	474.77	545.99
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	47	494.71	568.92
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	48	517.49	595.11
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	49	539.97	620.97
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	50	565.29	650.08
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	51	590.29	678.83
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	52	617.82	710.49
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	53	645.68	742.53
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	54	675.75	777.11
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	55	705.83	811.70
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	56	738.42	849.18
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	57	771.33	887.03
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	58	806.47	927.44
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	59	823.88	947.46
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	60	859.01	987.86
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	61	889.40	1022.81
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	62	909.33	1045.73
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	63	934.34	1074.49
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	64	949.21	1091.59
14002TN0380006	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	949.21	1091.59

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	204.88	204.88
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	21	322.66	371.06
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	22	322.66	371.06
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	23	322.66	371.06
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	24	322.66	371.06
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	25	323.96	372.55
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	26	330.40	379.96
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	27	338.16	388.88
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	28	350.73	403.34
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	29	361.06	415.22
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	30	366.22	421.15
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	31	373.96	430.05
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	32	381.71	438.97
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	33	386.55	444.53
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	34	391.71	450.47
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	35	394.29	453.43
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	36	396.88	456.41
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	37	399.46	459.38
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	38	402.04	462.35
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	39	407.20	468.28
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	40	412.36	474.21
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	41	420.10	483.12
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	42	427.53	491.66

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	43	437.85	503.53
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	44	450.76	518.37
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	45	465.93	535.82
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	46	484.00	556.60
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	47	504.33	579.98
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	48	527.55	606.68
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	49	550.47	633.04
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	50	576.28	662.72
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	51	601.77	692.04
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	52	629.83	724.30
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	53	658.23	756.96
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	54	688.88	792.21
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	55	719.54	827.47
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	56	752.77	865.69
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	57	786.32	904.27
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	58	822.14	945.46
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	59	839.89	965.87
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	60	875.71	1007.07
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	61	906.68	1042.68
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	62	927.01	1066.06
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	63	952.49	1095.36
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	64	967.66	1112.81
14002TN0380006	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	967.66	1112.81

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	179.99	179.99
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	21	283.46	325.98
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	22	283.46	325.98
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	23	283.46	325.98
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	24	283.46	325.98
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	25	284.60	327.29
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	26	290.26	333.80
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	27	297.07	341.63
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	28	308.12	354.34
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	29	317.19	364.77
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	30	321.73	369.99
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	31	328.53	377.81
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	32	335.34	385.64
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	33	339.58	390.52
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	34	344.12	395.74
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	35	346.38	398.34
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	36	348.66	400.96
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	37	350.93	403.57
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	38	353.19	406.17
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	39	357.73	411.39
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	40	362.26	416.60
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	41	369.06	424.42
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	42	375.58	431.92

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	43	384.65	442.35
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	44	395.99	455.39
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	45	409.32	470.72
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	46	425.20	488.98
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	47	443.05	509.51
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	48	463.45	532.97
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	49	483.59	556.13
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	50	506.26	582.20
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	51	528.65	607.95
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	52	553.31	636.31
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	53	578.25	664.99
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	54	605.19	695.97
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	55	632.12	726.94
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	56	661.31	760.51
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	57	690.79	794.41
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	58	722.26	830.60
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	59	737.85	848.53
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	60	769.31	884.71
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	61	796.52	916.00
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	62	814.38	936.54
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	63	836.77	962.29
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	64	850.09	977.60
14002TN0380006	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	850.09	977.60

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	197.64	197.64
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	21	311.25	357.94
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	22	311.25	357.94
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	23	311.25	357.94
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	24	311.25	357.94
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	25	312.50	359.38
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	26	318.71	366.52
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	27	326.19	375.12
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	28	338.32	389.07
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	29	348.29	400.53
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	30	353.26	406.25
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	31	360.73	414.84
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	32	368.21	423.44
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	33	372.87	428.80
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	34	377.85	434.53
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	35	380.34	437.39
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	36	382.84	440.27
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	37	385.33	443.13
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	38	387.82	445.99
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	39	392.79	451.71
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	40	397.77	457.44
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	41	405.24	466.03
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	42	412.40	474.26

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	43	422.36	485.71
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	44	434.81	500.03
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	45	449.44	516.86
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	46	466.88	536.91
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	47	486.48	559.45
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	48	508.88	585.21
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	49	530.99	610.64
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	50	555.89	639.27
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	51	580.47	667.54
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	52	607.55	698.68
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	53	634.94	730.18
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	54	664.51	764.19
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	55	694.08	798.19
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	56	726.14	835.06
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	57	758.50	872.28
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	58	793.05	912.01
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	59	810.17	931.70
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	60	844.72	971.43
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	61	874.60	1005.79
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	62	894.21	1028.34
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	63	918.79	1056.61
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	64	933.42	1073.43
14002TN0380006	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	933.42	1073.43

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	159.99	159.99
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	21	251.95	289.74
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	22	251.95	289.74
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	23	251.95	289.74
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	24	251.95	289.74
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	25	252.95	290.89
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	26	257.99	296.69
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	27	264.03	303.63
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	28	273.87	314.95
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	29	281.93	324.22
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	30	285.95	328.84
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	31	292.01	335.81
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	32	298.05	342.76
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	33	301.83	347.10
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	34	305.86	351.74
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	35	307.88	354.06
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	36	309.89	356.37
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	37	311.91	358.70
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	38	313.92	361.01
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	39	317.96	365.65
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	40	321.98	370.28
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	41	328.04	377.25
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	42	333.83	383.90

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	43	341.89	393.17
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	44	351.97	404.77
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	45	363.81	418.38
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	46	377.92	434.61
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	47	393.79	452.86
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	48	411.93	473.72
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	49	429.82	494.29
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	50	449.98	517.48
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	51	469.88	540.36
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	52	491.80	565.57
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	53	513.97	591.07
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	54	537.90	618.59
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	55	561.84	646.12
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	56	587.79	675.96
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	57	613.99	706.09
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	58	641.96	738.25
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	59	655.82	754.19
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	60	683.78	786.35
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	61	707.97	814.17
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	62	723.83	832.40
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	63	743.75	855.31
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	64	755.59	868.93
14002TN0380002	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	755.59	868.93

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	150.38	150.38
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	21	236.82	272.34
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	22	236.82	272.34
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	23	236.82	272.34
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	24	236.82	272.34
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	25	237.77	273.44
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	26	242.50	278.88
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	27	248.18	285.41
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	28	257.42	296.03
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	29	265.00	304.75
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	30	268.79	309.11
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	31	274.48	315.65
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	32	280.16	322.18
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	33	283.71	326.27
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	34	287.49	330.61
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	35	289.39	332.80
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	36	291.29	334.98
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	37	293.18	337.16
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	38	295.07	339.33
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	39	298.87	343.70
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	40	302.65	348.05
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	41	308.34	354.59
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	42	313.79	360.86

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	43	321.36	369.56
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	44	330.83	380.45
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	45	341.96	393.25
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	46	355.23	408.51
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	47	370.15	425.67
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	48	387.20	445.28
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	49	404.01	464.61
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	50	422.96	486.40
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	51	441.67	507.92
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	52	462.27	531.61
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	53	483.11	555.58
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	54	505.60	581.44
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	55	528.11	607.33
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	56	552.49	635.36
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	57	577.13	663.70
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	58	603.41	693.92
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	59	616.44	708.91
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	60	642.73	739.14
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	61	665.46	765.28
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	62	680.37	782.43
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	63	699.09	803.95
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	64	710.22	816.75
14002TN0380002	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	710.22	816.75

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	155.00	155.00
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	21	244.08	280.69
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	22	244.08	280.69
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	23	244.08	280.69
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	24	244.08	280.69
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	25	245.06	281.82
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	26	249.94	287.43
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	27	255.80	294.17
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	28	265.32	305.12
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	29	273.13	314.10
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	30	277.03	318.58
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	31	282.90	325.34
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	32	288.75	332.06
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	33	292.41	336.27
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	34	296.31	340.76
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	35	298.27	343.01
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	36	300.23	345.26
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	37	302.18	347.51
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	38	304.13	349.75
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	39	308.04	354.25
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	40	311.94	358.73
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	41	317.80	365.47
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	42	323.42	371.93

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	43	331.22	380.90
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	44	340.98	392.13
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	45	352.45	405.32
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	46	366.13	421.05
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	47	381.50	438.73
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	48	399.08	458.94
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	49	416.41	478.87
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	50	435.94	501.33
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	51	455.22	523.50
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	52	476.46	547.93
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	53	497.94	572.63
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	54	521.12	599.29
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	55	544.31	625.96
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	56	569.45	654.87
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	57	594.84	684.07
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	58	621.93	715.22
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	59	635.35	730.65
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	60	662.45	761.82
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	61	685.88	788.76
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	62	701.25	806.44
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	63	720.54	828.62
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	64	732.01	841.81
14002TN0380002	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	732.01	841.81

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	164.73	164.73
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	21	259.41	298.32
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	22	259.41	298.32
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	23	259.41	298.32
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	24	259.41	298.32
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	25	260.45	299.52
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	26	265.64	305.49
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	27	271.86	312.64
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	28	281.98	324.28
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	29	290.29	333.83
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	30	294.43	338.59
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	31	300.66	345.76
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	32	306.89	352.92
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	33	310.78	357.40
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	34	314.92	362.16
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	35	317.00	364.55
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	36	319.08	366.94
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	37	321.16	369.33
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	38	323.22	371.70
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	39	327.38	376.49
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	40	331.53	381.26
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	41	337.76	388.42
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	42	343.73	395.29

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	43	352.02	404.82
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	44	362.40	416.76
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	45	374.59	430.78
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	46	389.12	447.49
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	47	405.46	466.28
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	48	424.14	487.76
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	49	442.56	508.94
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	50	463.32	532.82
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	51	483.81	556.38
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	52	506.38	582.34
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	53	529.21	608.59
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	54	553.84	636.92
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	55	578.49	665.26
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	56	605.21	695.99
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	57	632.19	727.02
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	58	660.99	760.14
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	59	675.25	776.54
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	60	704.05	809.66
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	61	728.95	838.29
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	62	745.29	857.08
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	63	765.79	880.66
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	64	777.98	894.68
14002TN0380002	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	777.98	894.68

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	166.68	166.68
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	21	262.49	301.86
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	22	262.49	301.86
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	23	262.49	301.86
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	24	262.49	301.86
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	25	263.54	303.07
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	26	268.79	309.11
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	27	275.09	316.35
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	28	285.33	328.13
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	29	293.73	337.79
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	30	297.93	342.62
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	31	304.23	349.86
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	32	310.53	357.11
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	33	314.47	361.64
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	34	318.66	366.46
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	35	320.76	368.87
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	36	322.87	371.30
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	37	324.97	373.72
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	38	327.06	376.12
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	39	331.27	380.96
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	40	335.46	385.78
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	41	341.77	393.04
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	42	347.81	399.98

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	43	356.20	409.63
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	44	366.70	421.71
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	45	379.03	435.88
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	46	393.74	452.80
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	47	410.27	471.81
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	48	429.18	493.56
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	49	447.81	514.98
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	50	468.82	539.14
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	51	489.55	562.98
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	52	512.39	589.25
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	53	535.49	615.81
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	54	560.42	644.48
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	55	585.36	673.16
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	56	612.39	704.25
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	57	639.69	735.64
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	58	668.83	769.15
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	59	683.27	785.76
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	60	712.40	819.26
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	61	737.61	848.25
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	62	754.14	867.26
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	63	774.88	891.11
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	64	787.22	905.30
14002TN0380002	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	787.22	905.30

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	159.76	159.76
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	21	251.59	289.33
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	22	251.59	289.33
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	23	251.59	289.33
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	24	251.59	289.33
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	25	252.60	290.49
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	26	257.63	296.27
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	27	263.66	303.21
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	28	273.48	314.50
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	29	281.53	323.76
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	30	285.55	328.38
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	31	291.60	335.34
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	32	297.63	342.27
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	33	301.40	346.61
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	34	305.43	351.24
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	35	307.44	353.56
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	36	309.46	355.88
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	37	311.47	358.19
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	38	313.48	360.50
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	39	317.51	365.14
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	40	321.53	369.76
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	41	327.57	376.71
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	42	333.36	383.36

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	43	341.40	392.61
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	44	351.47	404.19
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	45	363.29	417.78
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	46	377.39	434.00
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	47	393.23	452.21
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	48	411.35	473.05
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	49	429.21	493.59
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	50	449.34	516.74
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	51	469.22	539.60
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	52	491.11	564.78
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	53	513.25	590.24
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	54	537.14	617.71
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	55	561.05	645.21
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	56	586.96	675.00
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	57	613.13	705.10
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	58	641.05	737.21
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	59	654.89	753.12
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	60	682.81	785.23
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	61	706.97	813.02
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	62	722.81	831.23
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	63	742.70	854.11
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	64	754.52	867.70
14002TN0380002	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	754.52	867.70

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	149.34	149.34
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	21	235.18	270.46
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	22	235.18	270.46
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	23	235.18	270.46
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	24	235.18	270.46
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	25	236.12	271.54
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	26	240.82	276.94
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	27	246.46	283.43
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	28	255.64	293.99
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	29	263.16	302.63
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	30	266.92	306.96
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	31	272.57	313.46
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	32	278.22	319.95
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	33	281.74	324.00
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	34	285.50	328.33
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	35	287.38	330.49
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	36	289.27	332.66
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	37	291.15	334.82
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	38	293.03	336.98
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	39	296.79	341.31
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	40	300.55	345.63
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	41	306.20	352.13
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	42	311.61	358.35

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	43	319.13	367.00
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	44	328.54	377.82
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	45	339.59	390.53
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	46	352.77	405.69
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	47	367.58	422.72
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	48	384.52	442.20
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	49	401.21	461.39
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	50	420.03	483.03
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	51	438.61	504.40
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	52	459.07	527.93
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	53	479.76	551.72
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	54	502.10	577.42
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	55	524.45	603.12
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	56	548.66	630.96
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	57	573.13	659.10
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	58	599.23	689.11
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	59	612.17	704.00
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	60	638.27	734.01
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	61	660.85	759.98
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	62	675.66	777.01
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	63	694.25	798.39
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	64	705.30	811.10
14002TN0380002	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	705.30	811.10

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	167.16	167.16
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	21	263.25	302.74
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	22	263.25	302.74
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	23	263.25	302.74
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	24	263.25	302.74
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	25	264.30	303.95
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	26	269.56	309.99
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	27	275.88	317.26
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	28	286.15	329.07
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	29	294.57	338.76
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	30	298.78	343.60
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	31	305.11	350.88
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	32	311.42	358.13
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	33	315.37	362.68
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	34	319.58	367.52
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	35	321.69	369.94
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	36	323.79	372.36
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	37	325.90	374.79
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	38	328.00	377.20
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	39	332.22	382.05
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	40	336.43	386.89
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	41	342.75	394.16
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	42	348.81	401.13

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	43	357.22	410.80
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	44	367.75	422.91
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	45	380.12	437.14
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	46	394.87	454.10
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	47	411.45	473.17
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	48	430.41	494.97
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	49	449.10	516.47
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	50	470.16	540.68
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	51	490.96	564.60
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	52	513.86	590.94
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	53	537.03	617.58
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	54	562.03	646.33
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	55	587.04	675.10
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	56	614.15	706.27
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	57	641.53	737.76
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	58	670.75	771.36
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	59	685.23	788.01
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	60	714.45	821.62
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	61	739.72	850.68
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	62	756.30	869.75
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	63	777.11	893.68
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	64	789.48	907.90
14002TN0380002	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	789.48	907.90

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	167.92	167.92
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	21	264.44	304.11
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	22	264.44	304.11
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	23	264.44	304.11
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	24	264.44	304.11
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	25	265.50	305.33
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	26	270.79	311.41
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	27	277.13	318.70
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	28	287.45	330.57
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	29	295.91	340.30
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	30	300.14	345.16
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	31	306.49	352.46
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	32	312.84	359.77
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	33	316.80	364.32
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	34	321.03	369.18
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	35	323.15	371.62
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	36	325.27	374.06
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	37	327.38	376.49
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	38	329.49	378.91
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	39	333.73	383.79
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	40	337.95	388.64
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	41	344.31	395.96
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	42	350.39	402.95

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	43	358.84	412.67
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	44	369.43	424.84
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	45	381.85	439.13
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	46	396.67	456.17
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	47	413.32	475.32
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	48	432.37	497.23
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	49	451.14	518.81
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	50	472.30	543.15
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	51	493.19	567.17
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	52	516.20	593.63
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	53	539.47	620.39
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	54	564.58	649.27
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	55	589.71	678.17
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	56	616.94	709.48
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	57	644.45	741.12
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	58	673.80	774.87
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	59	688.35	791.60
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	60	717.70	825.36
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	61	743.09	854.55
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	62	759.74	873.70
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	63	780.64	897.74
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	64	793.07	912.03
14002TN0380008	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	793.07	912.03

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	171.59	171.59
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	21	270.22	310.75
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	22	270.22	310.75
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	23	270.22	310.75
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	24	270.22	310.75
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	25	271.30	312.00
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	26	276.70	318.21
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	27	283.19	325.67
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	28	293.73	337.79
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	29	302.38	347.74
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	30	306.70	352.71
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	31	313.19	360.17
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	32	319.68	367.63
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	33	323.73	372.29
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	34	328.04	377.25
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	35	330.21	379.74
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	36	332.37	382.23
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	37	334.54	384.72
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	38	336.69	387.19
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	39	341.02	392.17
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	40	345.34	397.14
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	41	351.83	404.60
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	42	358.05	411.76

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	43	366.69	421.69
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	44	377.50	434.13
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	45	390.20	448.73
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	46	405.34	466.14
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	47	422.35	485.70
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	48	441.81	508.08
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	49	461.00	530.15
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	50	482.62	555.01
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	51	503.97	579.57
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	52	527.48	606.60
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	53	551.26	633.95
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	54	576.92	663.46
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	55	602.60	692.99
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	56	630.42	724.98
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	57	658.53	757.31
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	58	688.53	791.81
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	59	703.39	808.90
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	60	733.38	843.39
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	61	759.33	873.23
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	62	776.34	892.79
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	63	797.70	917.36
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	64	810.40	931.96
14002TN0380008	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	810.40	931.96

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	180.81	180.81
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	21	284.74	327.45
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	22	284.74	327.45
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	23	284.74	327.45
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	24	284.74	327.45
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	25	285.88	328.76
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	26	291.57	335.31
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	27	298.40	343.16
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	28	309.51	355.94
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	29	318.62	366.41
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	30	323.17	371.65
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	31	330.02	379.52
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	32	336.85	387.38
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	33	341.12	392.29
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	34	345.67	397.52
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	35	347.95	400.14
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	36	350.23	402.76
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	37	352.51	405.39
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	38	354.78	408.00
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	39	359.34	413.24
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	40	363.89	418.47
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	41	370.73	426.34
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	42	377.28	433.87

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	43	386.38	444.34
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	44	397.78	457.45
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	45	411.16	472.83
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	46	427.11	491.18
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	47	445.04	511.80
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	48	465.55	535.38
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	49	485.76	558.62
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	50	508.55	584.83
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	51	531.04	610.70
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	52	555.81	639.18
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	53	580.87	668.00
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	54	607.91	699.10
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	55	634.97	730.22
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	56	664.29	763.93
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	57	693.91	798.00
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	58	725.51	834.34
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	59	741.17	852.35
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	60	772.78	888.70
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	61	800.11	920.13
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	62	818.05	940.76
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	63	840.55	966.63
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	64	853.93	982.02
14002TN0380008	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	853.93	982.02

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	184.38	184.38
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	21	290.36	333.91
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	22	290.36	333.91
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	23	290.36	333.91
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	24	290.36	333.91
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	25	291.53	335.26
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	26	297.33	341.93
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	27	304.30	349.95
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	28	315.63	362.97
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	29	324.92	373.66
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	30	329.56	378.99
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	31	336.54	387.02
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	32	343.50	395.03
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	33	347.86	400.04
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	34	352.50	405.38
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	35	354.82	408.04
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	36	357.15	410.72
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	37	359.47	413.39
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	38	361.79	416.06
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	39	366.44	421.41
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	40	371.08	426.74
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	41	378.06	434.77
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	42	384.74	442.45

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	43	394.02	453.12
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	44	405.64	466.49
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	45	419.28	482.17
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	46	435.55	500.88
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	47	453.84	521.92
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	48	474.75	545.96
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	49	495.36	569.66
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	50	518.59	596.38
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	51	541.53	622.76
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	52	566.79	651.81
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	53	592.34	681.19
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	54	619.92	712.91
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	55	647.51	744.64
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	56	677.41	779.02
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	57	707.62	813.76
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	58	739.85	850.83
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	59	755.82	869.19
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	60	788.05	906.26
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	61	815.92	938.31
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	62	834.21	959.34
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	63	857.16	985.73
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	64	870.80	1001.42
14002TN0380008	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	870.80	1001.42

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	190.27	190.27
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	21	299.64	344.59
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	22	299.64	344.59
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	23	299.64	344.59
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	24	299.64	344.59
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	25	300.84	345.97
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	26	306.83	352.85
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	27	314.02	361.12
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	28	325.71	374.57
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	29	335.30	385.60
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	30	340.09	391.10
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	31	347.29	399.38
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	32	354.48	407.65
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	33	358.97	412.82
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	34	363.76	418.32
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	35	366.16	421.08
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	36	368.56	423.84
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	37	370.96	426.60
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	38	373.34	429.34
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	39	378.14	434.86
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	40	382.93	440.37
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	41	390.13	448.65
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	42	397.03	456.58

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	43	406.60	467.59
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	44	418.59	481.38
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	45	432.67	497.57
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	46	449.46	516.88
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	47	468.33	538.58
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	48	489.91	563.40
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	49	511.18	587.86
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	50	535.16	615.43
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	51	558.83	642.65
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	52	584.90	672.64
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	53	611.27	702.96
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	54	639.72	735.68
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	55	668.19	768.42
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	56	699.05	803.91
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	57	730.22	839.75
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	58	763.48	878.00
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	59	779.96	896.95
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	60	813.22	935.20
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	61	841.99	968.29
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	62	860.85	989.98
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	63	884.54	1017.22
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	64	898.62	1033.41
14002TN0380008	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	898.62	1033.41

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	193.97	193.97
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	21	305.46	351.28
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	22	305.46	351.28
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	23	305.46	351.28
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	24	305.46	351.28
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	25	306.68	352.68
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	26	312.79	359.71
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	27	320.12	368.14
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	28	332.04	381.85
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	29	341.81	393.08
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	30	346.70	398.71
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	31	354.04	407.15
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	32	361.36	415.56
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	33	365.94	420.83
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	34	370.82	426.44
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	35	373.27	429.26
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	36	375.72	432.08
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	37	378.17	434.90
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	38	380.60	437.69
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	39	385.49	443.31
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	40	390.38	448.94
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	41	397.72	457.38
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	42	404.74	465.45

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	43	414.51	476.69
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	44	426.73	490.74
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	45	441.08	507.24
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	46	458.20	526.93
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	47	477.43	549.04
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	48	499.43	574.34
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	49	521.11	599.28
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	50	545.56	627.39
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	51	569.69	655.14
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	52	596.27	685.71
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	53	623.15	716.62
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	54	652.16	749.98
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	55	681.18	783.36
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	56	712.64	819.54
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	57	744.41	856.07
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	58	778.32	895.07
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	59	795.12	914.39
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	60	829.02	953.37
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	61	858.35	987.10
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	62	877.59	1009.23
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	63	901.73	1036.99
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	64	916.08	1053.49
14002TN0380008	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	916.08	1053.49

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	170.40	170.40
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	21	268.35	308.60
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	22	268.35	308.60
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	23	268.35	308.60
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	24	268.35	308.60
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	25	269.42	309.83
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	26	274.79	316.01
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	27	281.23	323.41
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	28	291.70	335.46
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	29	300.28	345.32
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	30	304.57	350.26
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	31	311.02	357.67
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	32	317.46	365.08
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	33	321.48	369.70
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	34	325.77	374.64
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	35	327.92	377.11
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	36	330.07	379.58
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	37	332.22	382.05
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	38	334.36	384.51
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	39	338.66	389.46
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	40	342.95	394.39
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	41	349.40	401.81
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	42	355.57	408.91

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	43	364.14	418.76
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	44	374.88	431.11
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	45	387.49	445.61
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	46	402.53	462.91
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	47	419.43	482.34
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	48	438.75	504.56
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	49	457.80	526.47
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	50	479.28	551.17
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	51	500.47	575.54
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	52	523.82	602.39
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	53	547.44	629.56
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	54	572.92	658.86
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	55	598.42	688.18
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	56	626.06	719.97
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	57	653.97	752.07
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	58	683.75	786.31
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	59	698.51	803.29
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	60	728.30	837.55
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	61	754.06	867.17
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	62	770.96	886.60
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	63	792.17	911.00
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	64	804.78	925.50
14002TN0380008	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	804.78	925.50

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	187.11	187.11
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	21	294.65	338.85
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	22	294.65	338.85
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	23	294.65	338.85
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	24	294.65	338.85
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	25	295.83	340.20
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	26	301.72	346.98
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	27	308.79	355.11
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	28	320.29	368.33
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	29	329.72	379.18
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	30	334.43	384.59
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	31	341.51	392.74
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	32	348.58	400.87
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	33	353.00	405.95
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	34	357.70	411.36
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	35	360.06	414.07
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	36	362.43	416.79
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	37	364.79	419.51
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	38	367.13	422.20
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	39	371.85	427.63
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	40	376.56	433.04
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	41	383.64	441.19
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	42	390.42	448.98

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	43	399.84	459.82
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	44	411.63	473.37
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	45	425.48	489.30
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	46	441.99	508.29
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	47	460.54	529.62
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	48	481.76	554.02
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	49	502.68	578.08
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	50	526.26	605.20
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	51	549.53	631.96
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	52	575.17	661.45
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	53	601.10	691.27
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	54	629.08	723.44
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	55	657.08	755.64
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	56	687.42	790.53
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	57	718.07	825.78
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	58	750.78	863.40
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	59	766.99	882.04
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	60	799.69	919.64
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	61	827.98	952.18
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	62	846.54	973.52
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	63	869.82	1000.29
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	64	883.67	1016.22
14002TN0380008	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	883.67	1016.22

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	170.02	170.02
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	21	267.75	307.91
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	22	267.75	307.91
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	23	267.75	307.91
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	24	267.75	307.91
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	25	268.82	309.14
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	26	274.18	315.31
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	27	280.60	322.69
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	28	291.05	334.71
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	29	299.61	344.55
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	30	303.90	349.49
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	31	310.32	356.87
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	32	316.75	364.26
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	33	320.76	368.87
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	34	325.05	373.81
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	35	327.19	376.27
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	36	329.34	378.74
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	37	331.47	381.19
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	38	333.62	383.66
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	39	337.90	388.59
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	40	342.18	393.51
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	41	348.61	400.90
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	42	354.77	407.99

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	43	363.34	417.84
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	44	374.05	430.16
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	45	386.64	444.64
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	46	401.63	461.87
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	47	418.50	481.28
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	48	437.77	503.44
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	49	456.78	525.30
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	50	478.20	549.93
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	51	499.35	574.25
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	52	522.65	601.05
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	53	546.21	628.14
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	54	571.65	657.40
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	55	597.09	686.65
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	56	624.66	718.36
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	57	652.51	750.39
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	58	682.23	784.56
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	59	696.96	801.50
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	60	726.67	835.67
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	61	752.38	865.24
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	62	769.25	884.64
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	63	790.41	908.97
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	64	802.98	923.43
14002TN0380003	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	802.98	923.43

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	159.81	159.81
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	21	251.68	289.43
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	22	251.68	289.43
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	23	251.68	289.43
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	24	251.68	289.43
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	25	252.68	290.58
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	26	257.71	296.37
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	27	263.75	303.31
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	28	273.58	314.62
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	29	281.62	323.86
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	30	285.65	328.50
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	31	291.69	335.44
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	32	297.73	342.39
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	33	301.50	346.73
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	34	305.53	351.36
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	35	307.54	353.67
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	36	309.56	355.99
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	37	311.57	358.31
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	38	313.59	360.63
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	39	317.61	365.25
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	40	321.64	369.89
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	41	327.68	376.83
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	42	333.47	383.49

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	43	341.52	392.75
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	44	351.59	404.33
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	45	363.42	417.93
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	46	377.52	434.15
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	47	393.37	452.38
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	48	411.49	473.21
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	49	429.36	493.76
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	50	449.49	516.91
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	51	469.37	539.78
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	52	491.27	564.96
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	53	513.42	590.43
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	54	537.33	617.93
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	55	561.24	645.43
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	56	587.16	675.23
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	57	613.33	705.33
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	58	641.27	737.46
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	59	655.11	753.38
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	60	683.04	785.50
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	61	707.21	813.29
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	62	723.07	831.53
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	63	742.95	854.39
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	64	754.77	867.99
14002TN0380003	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	754.77	867.99

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	164.71	164.71
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	21	259.40	298.31
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	22	259.40	298.31
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	23	259.40	298.31
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	24	259.40	298.31
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	25	260.43	299.49
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	26	265.62	305.46
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	27	271.85	312.63
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	28	281.97	324.27
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	29	290.26	333.80
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	30	294.42	338.58
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	31	300.64	345.74
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	32	306.87	352.90
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	33	310.76	357.37
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	34	314.91	362.15
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	35	316.98	364.53
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	36	319.06	366.92
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	37	321.13	369.30
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	38	323.21	371.69
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	39	327.36	376.46
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	40	331.51	381.24
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	41	337.73	388.39
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	42	343.70	395.26

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	43	352.00	404.80
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	44	362.38	416.74
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	45	374.57	430.76
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	46	389.10	447.47
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	47	405.44	466.26
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	48	424.11	487.73
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	49	442.53	508.91
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	50	463.28	532.77
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	51	483.77	556.34
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	52	506.35	582.30
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	53	529.17	608.55
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	54	553.81	636.88
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	55	578.46	665.23
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	56	605.17	695.95
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	57	632.15	726.97
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	58	660.95	760.09
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	59	675.21	776.49
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	60	704.00	809.60
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	61	728.90	838.24
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	62	745.25	857.04
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	63	765.74	880.60
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	64	777.93	894.62
14002TN0380003	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	777.93	894.62

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	175.06	175.06
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	21	275.69	317.04
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	22	275.69	317.04
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	23	275.69	317.04
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	24	275.69	317.04
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	25	276.79	318.31
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	26	282.30	324.65
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	27	288.92	332.26
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	28	299.68	344.63
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	29	308.49	354.76
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	30	312.91	359.85
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	31	319.52	367.45
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	32	326.14	375.06
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	33	330.27	379.81
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	34	334.68	384.88
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	35	336.89	387.42
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	36	339.10	389.97
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	37	341.30	392.50
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	38	343.51	395.04
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	39	347.91	400.10
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	40	352.33	405.18
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	41	358.94	412.78
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	42	365.29	420.08

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	43	374.11	430.23
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	44	385.13	442.90
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	45	398.10	457.82
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	46	413.54	475.57
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	47	430.90	495.54
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	48	450.75	518.36
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	49	470.32	540.87
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	50	492.38	566.24
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	51	514.16	591.28
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	52	538.15	618.87
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	53	562.40	646.76
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	54	588.59	676.88
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	55	614.79	707.01
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	56	643.18	739.66
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	57	671.85	772.63
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	58	702.45	807.82
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	59	717.62	825.26
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	60	748.21	860.44
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	61	774.68	890.88
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	62	792.05	910.86
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	63	813.83	935.90
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	64	826.78	950.80
14002TN0380003	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	826.78	950.80

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	177.14	177.14
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	21	278.96	320.80
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	22	278.96	320.80
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	23	278.96	320.80
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	24	278.96	320.80
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	25	280.07	322.08
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	26	285.65	328.50
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	27	292.35	336.20
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	28	303.23	348.71
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	29	312.15	358.97
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	30	316.62	364.11
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	31	323.31	371.81
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	32	330.01	379.51
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	33	334.19	384.32
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	34	338.66	389.46
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	35	340.88	392.01
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	36	343.12	394.59
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	37	345.35	397.15
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	38	347.59	399.73
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	39	352.04	404.85
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	40	356.51	409.99
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	41	363.20	417.68
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	42	369.62	425.06

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	43	378.55	435.33
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	44	389.70	448.16
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	45	402.82	463.24
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	46	418.44	481.21
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	47	436.02	501.42
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	48	456.10	524.52
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	49	475.90	547.29
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	50	498.22	572.95
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	51	520.26	598.30
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	52	544.53	626.21
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	53	569.08	654.44
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	54	595.58	684.92
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	55	622.08	715.39
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	56	650.81	748.43
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	57	679.82	781.79
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	58	710.79	817.41
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	59	726.13	835.05
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	60	757.09	870.65
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	61	783.87	901.45
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	62	801.46	921.68
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	63	823.49	947.01
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	64	836.60	962.09
14002TN0380003	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	836.60	962.09

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	169.78	169.78
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	21	267.37	307.48
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	22	267.37	307.48
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	23	267.37	307.48
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	24	267.37	307.48
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	25	268.44	308.71
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	26	273.79	314.86
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	27	280.20	322.23
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	28	290.64	334.24
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	29	299.19	344.07
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	30	303.47	348.99
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	31	309.88	356.36
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	32	316.30	363.75
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	33	320.31	368.36
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	34	324.59	373.28
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	35	326.73	375.74
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	36	328.87	378.20
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	37	331.01	380.66
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	38	333.15	383.12
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	39	337.42	388.03
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	40	341.70	392.96
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	41	348.12	400.34
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	42	354.27	407.41

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	43	362.82	417.24
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	44	373.52	429.55
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	45	386.09	444.00
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	46	401.06	461.22
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	47	417.91	480.60
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	48	437.15	502.72
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	49	456.14	524.56
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	50	477.53	549.16
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	51	498.65	573.45
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	52	521.92	600.21
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	53	545.44	627.26
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	54	570.84	656.47
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	55	596.24	685.68
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	56	623.78	717.35
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	57	651.59	749.33
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	58	681.27	783.46
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	59	695.97	800.37
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	60	725.65	834.50
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	61	751.32	864.02
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	62	768.17	883.40
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	63	789.29	907.68
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	64	801.85	922.13
14002TN0380003	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	801.85	922.13

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	158.70	158.70
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	21	249.93	287.42
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	22	249.93	287.42
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	23	249.93	287.42
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	24	249.93	287.42
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	25	250.93	288.57
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	26	255.93	294.32
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	27	261.92	301.21
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	28	271.68	312.43
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	29	279.67	321.62
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	30	283.67	326.22
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	31	289.67	333.12
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	32	295.67	340.02
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	33	299.42	344.33
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	34	303.42	348.93
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	35	305.41	351.22
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	36	307.42	353.53
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	37	309.41	355.82
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	38	311.42	358.13
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	39	315.41	362.72
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	40	319.41	367.32
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	41	325.41	374.22
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	42	331.16	380.83

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	43	339.15	390.02
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	44	349.15	401.52
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	45	360.90	415.04
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	46	374.90	431.14
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	47	390.64	449.24
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	48	408.63	469.92
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	49	426.38	490.34
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	50	446.38	513.34
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	51	466.12	536.04
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	52	487.87	561.05
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	53	509.86	586.34
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	54	533.60	613.64
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	55	557.35	640.95
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	56	583.09	670.55
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	57	609.08	700.44
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	58	636.82	732.34
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	59	650.57	748.16
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	60	678.31	780.06
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	61	702.30	807.65
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	62	718.06	825.77
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	63	737.80	848.47
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	64	749.54	861.97
14002TN0380003	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	749.54	861.97

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	177.64	177.64
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	21	279.76	321.72
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	22	279.76	321.72
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	23	279.76	321.72
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	24	279.76	321.72
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	25	280.88	323.01
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	26	286.47	329.44
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	27	293.19	337.17
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	28	304.11	349.73
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	29	313.05	360.01
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	30	317.53	365.16
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	31	324.24	372.88
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	32	330.96	380.60
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	33	335.15	385.42
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	34	339.63	390.57
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	35	341.86	393.14
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	36	344.11	395.73
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	37	346.34	398.29
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	38	348.59	400.88
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	39	353.06	406.02
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	40	357.53	411.16
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	41	364.25	418.89
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	42	370.69	426.29

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	43	379.63	436.57
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	44	390.82	449.44
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	45	403.98	464.58
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	46	419.65	482.60
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	47	437.27	502.86
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	48	457.41	526.02
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	49	477.27	548.86
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	50	499.65	574.60
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	51	521.75	600.01
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	52	546.10	628.02
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	53	570.71	656.32
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	54	597.29	686.88
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	55	623.87	717.45
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	56	652.68	750.58
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	57	681.78	784.05
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	58	712.83	819.75
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	59	728.22	837.45
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	60	759.27	873.16
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	61	786.13	904.05
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	62	803.76	924.32
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	63	825.86	949.74
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	64	839.00	964.85
14002TN0380003	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	839.00	964.85

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	178.45	178.45
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	21	281.03	323.18
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	22	281.03	323.18
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	23	281.03	323.18
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	24	281.03	323.18
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	25	282.15	324.47
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	26	287.78	330.95
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	27	294.52	338.70
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	28	305.49	351.31
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	29	314.47	361.64
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	30	318.97	366.82
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	31	325.72	374.58
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	32	332.46	382.33
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	33	336.68	387.18
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	34	341.17	392.35
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	35	343.42	394.93
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	36	345.67	397.52
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	37	347.92	400.11
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	38	350.17	402.70
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	39	354.66	407.86
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	40	359.16	413.03
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	41	365.90	420.79
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	42	372.37	428.23

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	43	381.36	438.56
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	44	392.60	451.49
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	45	405.81	466.68
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	46	421.55	484.78
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	47	439.26	505.15
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	48	459.48	528.40
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	49	479.44	551.36
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	50	501.92	577.21
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	51	524.12	602.74
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	52	548.58	630.87
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	53	573.31	659.31
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	54	600.01	690.01
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	55	626.71	720.72
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	56	655.65	754.00
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	57	684.88	787.61
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	58	716.07	823.48
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	59	731.53	841.26
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	60	762.72	877.13
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	61	789.70	908.16
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	62	807.41	928.52
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	63	829.61	954.05
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	64	842.82	969.24
14002TN0380010	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	842.82	969.24

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	182.35	182.35
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	21	287.17	330.25
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	22	287.17	330.25
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	23	287.17	330.25
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	24	287.17	330.25
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	25	288.32	331.57
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	26	294.06	338.17
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	27	300.95	346.09
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	28	312.16	358.98
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	29	321.35	369.55
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	30	325.94	374.83
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	31	332.83	382.75
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	32	339.72	390.68
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	33	344.03	395.63
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	34	348.63	400.92
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	35	350.92	403.56
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	36	353.23	406.21
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	37	355.52	408.85
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	38	357.82	411.49
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	39	362.41	416.77
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	40	367.01	422.06
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	41	373.90	429.99
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	42	380.51	437.59

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	43	389.69	448.14
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	44	401.18	461.36
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	45	414.68	476.88
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	46	430.77	495.39
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	47	448.86	516.19
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	48	469.53	539.96
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	49	489.92	563.41
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	50	512.89	589.82
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	51	535.58	615.92
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	52	560.57	644.66
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	53	585.84	673.72
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	54	613.12	705.09
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	55	640.40	736.46
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	56	669.98	770.48
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	57	699.84	804.82
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	58	731.72	841.48
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	59	747.52	859.65
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	60	779.39	896.30
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	61	806.96	928.00
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	62	825.06	948.82
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	63	847.74	974.90
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	64	861.23	990.41
14002TN0380010	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	861.23	990.41

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	192.15	192.15
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	21	302.60	347.99
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	22	302.60	347.99
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	23	302.60	347.99
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	24	302.60	347.99
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	25	303.81	349.38
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	26	309.86	356.34
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	27	317.12	364.69
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	28	328.93	378.27
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	29	338.61	389.40
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	30	343.45	394.97
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	31	350.71	403.32
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	32	357.97	411.67
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	33	362.51	416.89
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	34	367.36	422.46
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	35	369.77	425.24
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	36	372.20	428.03
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	37	374.62	430.81
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	38	377.05	433.61
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	39	381.88	439.16
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	40	386.72	444.73
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	41	393.98	453.08
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	42	400.95	461.09

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	43	410.63	472.22
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	44	422.73	486.14
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	45	436.96	502.50
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	46	453.91	522.00
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	47	472.97	543.92
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	48	494.75	568.96
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	49	516.24	593.68
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	50	540.44	621.51
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	51	564.35	649.00
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	52	590.68	679.28
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	53	617.31	709.91
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	54	646.05	742.96
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	55	674.80	776.02
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	56	705.97	811.87
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	57	737.44	848.06
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	58	771.03	886.68
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	59	787.67	905.82
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	60	821.25	944.44
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	61	850.31	977.86
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	62	869.38	999.79
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	63	893.28	1027.27
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	64	907.50	1043.63
14002TN0380010	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	907.50	1043.63

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	195.94	195.94
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	21	308.58	354.87
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	22	308.58	354.87
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	23	308.58	354.87
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	24	308.58	354.87
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	25	309.81	356.28
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	26	315.98	363.38
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	27	323.39	371.90
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	28	335.43	385.74
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	29	345.30	397.10
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	30	350.24	402.78
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	31	357.64	411.29
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	32	365.05	419.81
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	33	369.68	425.13
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	34	374.62	430.81
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	35	377.08	433.64
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	36	379.56	436.49
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	37	382.02	439.32
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	38	384.49	442.16
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	39	389.42	447.83
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	40	394.36	453.51
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	41	401.77	462.04
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	42	408.87	470.20

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	43	418.74	481.55
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	44	431.08	495.74
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	45	445.59	512.43
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	46	462.87	532.30
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	47	482.31	554.66
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	48	504.52	580.20
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	49	526.44	605.41
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	50	551.12	633.79
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	51	575.50	661.83
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	52	602.35	692.70
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	53	629.50	723.93
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	54	658.82	757.64
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	55	688.13	791.35
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	56	719.91	827.90
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	57	752.01	864.81
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	58	786.26	904.20
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	59	803.23	923.71
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	60	837.48	963.10
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	61	867.11	997.18
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	62	886.55	1019.53
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	63	910.93	1047.57
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	64	925.43	1064.24
14002TN0380010	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	925.43	1064.24

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	202.20	202.20
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	21	318.44	366.21
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	22	318.44	366.21
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	23	318.44	366.21
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	24	318.44	366.21
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	25	319.71	367.67
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	26	326.08	374.99
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	27	333.72	383.78
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	28	346.15	398.07
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	29	356.33	409.78
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	30	361.43	415.64
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	31	369.07	424.43
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	32	376.71	433.22
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	33	381.48	438.70
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	34	386.58	444.57
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	35	389.12	447.49
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	36	391.68	450.43
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	37	394.22	453.35
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	38	396.78	456.30
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	39	401.86	462.14
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	40	406.96	468.00
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	41	414.60	476.79
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	42	421.93	485.22

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	43	432.11	496.93
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	44	444.85	511.58
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	45	459.82	528.79
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	46	477.66	549.31
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	47	497.72	572.38
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	48	520.64	598.74
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	49	543.25	624.74
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	50	568.73	654.04
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	51	593.88	682.96
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	52	621.59	714.83
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	53	649.61	747.05
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	54	679.86	781.84
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	55	710.11	816.63
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	56	742.91	854.35
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	57	776.03	892.43
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	58	811.38	933.09
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	59	828.89	953.22
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	60	864.23	993.86
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	61	894.80	1029.02
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	62	914.87	1052.10
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	63	940.03	1081.03
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	64	954.99	1098.24
14002TN0380010	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	954.99	1098.24

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	206.13	206.13
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	21	324.62	373.31
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	22	324.62	373.31
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	23	324.62	373.31
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	24	324.62	373.31
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	25	325.92	374.81
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	26	332.41	382.27
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	27	340.20	391.23
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	28	352.87	405.80
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	29	363.25	417.74
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	30	368.45	423.72
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	31	376.24	432.68
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	32	384.03	441.63
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	33	388.90	447.24
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	34	394.09	453.20
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	35	396.69	456.19
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	36	399.29	459.18
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	37	401.88	462.16
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	38	404.49	465.16
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	39	409.67	471.12
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	40	414.87	477.10
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	41	422.66	486.06
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	42	430.13	494.65

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	43	440.51	506.59
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	44	453.50	521.53
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	45	468.76	539.07
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	46	486.94	559.98
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	47	507.39	583.50
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	48	530.76	610.37
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	49	553.81	636.88
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	50	579.78	666.75
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	51	605.42	696.23
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	52	633.67	728.72
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	53	662.23	761.56
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	54	693.08	797.04
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	55	723.92	832.51
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	56	757.35	870.95
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	57	791.11	909.78
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	58	827.15	951.22
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	59	845.00	971.75
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	60	881.03	1013.18
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	61	912.19	1049.02
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	62	932.65	1072.55
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	63	958.30	1102.05
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	64	973.55	1119.58
14002TN0380010	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	973.55	1119.58

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	181.09	181.09
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	21	285.18	327.96
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	22	285.18	327.96
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	23	285.18	327.96
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	24	285.18	327.96
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	25	286.32	329.27
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	26	292.03	335.83
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	27	298.87	343.70
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	28	310.00	356.50
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	29	319.12	366.99
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	30	323.69	372.24
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	31	330.53	380.11
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	32	337.37	387.98
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	33	341.65	392.90
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	34	346.21	398.14
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	35	348.49	400.76
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	36	350.78	403.40
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	37	353.06	406.02
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	38	355.34	408.64
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	39	359.90	413.89
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	40	364.46	419.13
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	41	371.31	427.01
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	42	377.87	434.55

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	43	386.99	445.04
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	44	398.40	458.16
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	45	411.81	473.58
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	46	427.78	491.95
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	47	445.74	512.60
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	48	466.27	536.21
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	49	486.52	559.50
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	50	509.34	585.74
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	51	531.87	611.65
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	52	556.68	640.18
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	53	581.78	669.05
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	54	608.87	700.20
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	55	635.96	731.35
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	56	665.33	765.13
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	57	694.99	799.24
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	58	726.65	835.65
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	59	742.34	853.69
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	60	773.98	890.08
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	61	801.36	921.56
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	62	819.34	942.24
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	63	841.87	968.15
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	64	855.26	983.55
14002TN0380010	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	855.26	983.55

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	198.84	198.84
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	21	313.14	360.11
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	22	313.14	360.11
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	23	313.14	360.11
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	24	313.14	360.11
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	25	314.39	361.55
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	26	320.65	368.75
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	27	328.17	377.40
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	28	340.39	391.45
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	29	350.40	402.96
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	30	355.41	408.72
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	31	362.93	417.37
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	32	370.44	426.01
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	33	375.14	431.41
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	34	380.15	437.17
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	35	382.65	440.05
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	36	385.16	442.93
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	37	387.66	445.81
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	38	390.18	448.71
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	39	395.18	454.46
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	40	400.19	460.22
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	41	407.70	468.86
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	42	414.91	477.15

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	43	424.93	488.67
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	44	437.45	503.07
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	45	452.18	520.01
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	46	469.71	540.17
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	47	489.44	562.86
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	48	511.98	588.78
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	49	534.21	614.34
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	50	559.27	643.16
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	51	584.00	671.60
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	52	611.25	702.94
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	53	638.80	734.62
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	54	668.55	768.83
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	55	698.30	803.05
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	56	730.55	840.13
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	57	763.12	877.59
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	58	797.88	917.56
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	59	815.10	937.37
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	60	849.85	977.33
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	61	879.92	1011.91
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	62	899.65	1034.60
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	63	924.39	1063.05
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	64	939.10	1079.97
14002TN0380010	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	939.10	1079.97

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	193.16	193.16
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	21	304.20	349.83
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	22	304.20	349.83
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	23	304.20	349.83
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	24	304.20	349.83
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	25	305.41	351.22
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	26	311.50	358.23
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	27	318.80	366.62
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	28	330.67	380.27
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	29	340.40	391.46
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	30	345.26	397.05
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	31	352.56	405.44
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	32	359.86	413.84
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	33	364.43	419.09
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	34	369.30	424.70
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	35	371.73	427.49
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	36	374.17	430.30
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	37	376.60	433.09
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	38	379.03	435.88
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	39	383.90	441.49
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	40	388.76	447.07
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	41	396.06	455.47
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	42	403.07	463.53

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	43	412.80	474.72
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	44	424.96	488.70
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	45	439.27	505.16
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	46	456.30	524.75
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	47	475.47	546.79
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	48	497.36	571.96
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	49	518.97	596.82
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	50	543.29	624.78
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	51	567.33	652.43
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	52	593.80	682.87
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	53	620.56	713.64
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	54	649.46	746.88
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	55	678.36	780.11
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	56	709.70	816.16
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	57	741.33	852.53
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	58	775.09	891.35
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	59	791.83	910.60
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	60	825.60	949.44
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	61	854.79	983.01
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	62	873.96	1005.05
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	63	898.00	1032.70
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	64	912.29	1049.13
14002TN0390002	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	912.29	1049.13

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	197.39	197.39
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	21	310.85	357.48
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	22	310.85	357.48
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	23	310.85	357.48
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	24	310.85	357.48
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	25	312.09	358.90
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	26	318.30	366.05
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	27	325.76	374.62
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	28	337.89	388.57
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	29	347.84	400.02
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	30	352.81	405.73
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	31	360.27	414.31
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	32	367.73	422.89
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	33	372.40	428.26
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	34	377.37	433.98
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	35	379.86	436.84
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	36	382.34	439.69
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	37	384.83	442.55
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	38	387.31	445.41
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	39	392.29	451.13
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	40	397.26	456.85
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	41	404.72	465.43
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	42	411.87	473.65

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	43	421.82	485.09
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	44	434.25	499.39
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	45	448.87	516.20
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	46	466.27	536.21
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	47	485.86	558.74
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	48	508.23	584.46
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	49	530.31	609.86
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	50	555.17	638.45
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	51	579.73	666.69
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	52	606.77	697.79
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	53	634.12	729.24
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	54	663.65	763.20
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	55	693.19	797.17
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	56	725.21	833.99
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	57	757.53	871.16
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	58	792.03	910.83
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	59	809.13	930.50
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	60	843.64	970.19
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	61	873.47	1004.49
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	62	893.06	1027.02
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	63	917.62	1055.26
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	64	932.23	1072.06
14002TN0390002	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	932.23	1072.06

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	207.99	207.99
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	21	327.54	376.67
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	22	327.54	376.67
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	23	327.54	376.67
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	24	327.54	376.67
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	25	328.85	378.18
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	26	335.40	385.71
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	27	343.26	394.75
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	28	356.04	409.45
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	29	366.52	421.50
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	30	371.76	427.52
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	31	379.62	436.56
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	32	387.48	445.60
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	33	392.40	451.26
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	34	397.64	457.29
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	35	400.26	460.30
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	36	402.88	463.31
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	37	405.50	466.33
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	38	408.12	469.34
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	39	413.36	475.36
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	40	418.60	481.39
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	41	426.46	490.43
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	42	434.00	499.10

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	43	444.48	511.15
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	44	457.58	526.22
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	45	472.98	543.93
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	46	491.32	565.02
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	47	511.96	588.75
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	48	535.53	615.86
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	49	558.79	642.61
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	50	584.99	672.74
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	51	610.87	702.50
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	52	639.37	735.28
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	53	668.19	768.42
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	54	699.30	804.20
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	55	730.42	839.98
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	56	764.16	878.78
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	57	798.22	917.95
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	58	834.58	959.77
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	59	852.60	980.49
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	60	888.96	1022.30
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	61	920.39	1058.45
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	62	941.03	1082.18
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	63	966.91	1111.95
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	64	982.30	1129.65
14002TN0390002	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	982.30	1129.65

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	212.10	212.10
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	21	334.01	384.11
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	22	334.01	384.11
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	23	334.01	384.11
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	24	334.01	384.11
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	25	335.35	385.65
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	26	342.03	393.33
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	27	350.04	402.55
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	28	363.08	417.54
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	29	373.76	429.82
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	30	379.11	435.98
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	31	387.12	445.19
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	32	395.13	454.40
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	33	400.15	460.17
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	34	405.50	466.33
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	35	408.17	469.40
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	36	410.84	472.47
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	37	413.51	475.54
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	38	416.18	478.61
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	39	421.53	484.76
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	40	426.87	490.90
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	41	434.88	500.11
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	42	442.57	508.96

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	43	453.26	521.25
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	44	466.62	536.61
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	45	482.32	554.67
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	46	501.02	576.17
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	47	522.07	600.38
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	48	546.11	628.03
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	49	569.83	655.30
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	50	596.55	686.03
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	51	622.94	716.38
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	52	652.00	749.80
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	53	681.39	783.60
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	54	713.12	820.09
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	55	744.86	856.59
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	56	779.26	896.15
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	57	813.99	936.09
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	58	851.07	978.73
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	59	869.44	999.86
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	60	906.52	1042.50
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	61	938.58	1079.37
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	62	959.63	1103.57
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	63	986.02	1133.92
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	64	1001.71	1151.97
14002TN0390002	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	1001.71	1151.97

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	218.87	218.87
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	21	344.68	396.38
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	22	344.68	396.38
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	23	344.68	396.38
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	24	344.68	396.38
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	25	346.06	397.97
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	26	352.95	405.89
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	27	361.22	415.40
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	28	374.68	430.88
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	29	385.70	443.56
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	30	391.22	449.90
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	31	399.49	459.41
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	32	407.76	468.92
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	33	412.94	474.88
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	34	418.45	481.22
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	35	421.21	484.39
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	36	423.96	487.55
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	37	426.72	490.73
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	38	429.48	493.90
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	39	434.99	500.24
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	40	440.50	506.58
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	41	448.77	516.09
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	42	456.71	525.22

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	43	467.74	537.90
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	44	481.52	553.75
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	45	497.73	572.39
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	46	517.03	594.58
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	47	538.75	619.56
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	48	563.56	648.09
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	49	588.04	676.25
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	50	615.60	707.94
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	51	642.84	739.27
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	52	672.83	773.75
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	53	703.15	808.62
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	54	735.90	846.29
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	55	768.65	883.95
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	56	804.15	924.77
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	57	839.99	965.99
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	58	878.25	1009.99
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	59	897.21	1031.79
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	60	935.48	1075.80
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	61	968.56	1113.84
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	62	990.28	1138.82
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	63	1017.51	1170.14
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	64	1033.71	1188.77
14002TN0390002	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	1033.71	1188.77

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	223.13	223.13
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	21	351.38	404.09
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	22	351.38	404.09
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	23	351.38	404.09
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	24	351.38	404.09
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	25	352.79	405.71
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	26	359.81	413.78
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	27	368.24	423.48
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	28	381.96	439.25
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	29	393.20	452.18
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	30	398.82	458.64
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	31	407.25	468.34
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	32	415.68	478.03
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	33	420.96	484.10
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	34	426.58	490.57
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	35	429.39	493.80
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	36	432.20	497.03
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	37	435.01	500.26
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	38	437.82	503.49
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	39	443.44	509.96
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	40	449.06	516.42
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	41	457.50	526.13
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	42	465.59	535.43

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	43	476.83	548.35
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	44	490.88	564.51
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	45	507.40	583.51
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	46	527.07	606.13
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	47	549.22	631.60
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	48	574.51	660.69
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	49	599.46	689.38
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	50	627.57	721.71
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	51	655.33	753.63
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	52	685.90	788.79
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	53	716.82	824.34
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	54	750.20	862.73
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	55	783.59	901.13
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	56	819.78	942.75
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	57	856.31	984.76
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	58	895.32	1029.62
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	59	914.65	1051.85
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	60	953.66	1096.71
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	61	987.38	1135.49
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	62	1009.52	1160.95
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	63	1037.29	1192.88
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	64	1053.80	1211.87
14002TN0390002	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	1053.80	1211.87

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	196.02	196.02
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	21	308.69	354.99
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	22	308.69	354.99
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	23	308.69	354.99
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	24	308.69	354.99
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	25	309.93	356.42
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	26	316.10	363.52
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	27	323.50	372.03
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	28	335.55	385.88
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	29	345.43	397.24
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	30	350.36	402.91
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	31	357.77	411.44
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	32	365.18	419.96
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	33	369.82	425.29
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	34	374.75	430.96
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	35	377.22	433.80
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	36	379.69	436.64
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	37	382.16	439.48
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	38	384.63	442.32
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	39	389.57	448.01
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	40	394.51	453.69
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	41	401.91	462.20
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	42	409.02	470.37

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	43	418.90	481.74
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	44	431.24	495.93
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	45	445.75	512.61
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	46	463.04	532.50
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	47	482.49	554.86
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	48	504.71	580.42
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	49	526.63	605.62
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	50	551.32	634.02
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	51	575.71	662.07
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	52	602.57	692.96
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	53	629.73	724.19
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	54	659.05	757.91
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	55	688.38	791.64
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	56	720.18	828.21
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	57	752.28	865.12
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	58	786.54	904.52
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	59	803.53	924.06
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	60	837.79	963.46
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	61	867.42	997.53
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	62	886.87	1019.90
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	63	911.26	1047.95
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	64	925.77	1064.64
14002TN0390002	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	925.77	1064.64

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	215.23	215.23
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	21	338.95	389.79
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	22	338.95	389.79
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	23	338.95	389.79
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	24	338.95	389.79
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	25	340.31	391.36
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	26	347.08	399.14
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	27	355.22	408.50
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	28	368.44	423.71
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	29	379.29	436.18
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	30	384.71	442.42
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	31	392.84	451.77
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	32	400.97	461.12
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	33	406.07	466.98
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	34	411.49	473.21
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	35	414.20	476.33
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	36	416.91	479.45
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	37	419.62	482.56
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	38	422.33	485.68
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	39	427.75	491.91
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	40	433.18	498.16
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	41	441.31	507.51
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	42	449.11	516.48

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	43	459.96	528.95
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	44	473.51	544.54
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	45	489.45	562.87
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	46	508.43	584.69
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	47	529.79	609.26
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	48	554.18	637.31
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	49	578.25	664.99
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	50	605.36	696.16
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	51	632.14	726.96
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	52	661.64	760.89
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	53	691.46	795.18
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	54	723.66	832.21
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	55	755.86	869.24
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	56	790.78	909.40
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	57	826.02	949.92
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	58	863.64	993.19
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	59	882.29	1014.63
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	60	919.92	1057.91
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	61	952.45	1095.32
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	62	973.81	1119.88
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	63	1000.59	1150.68
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	64	1016.51	1168.99
14002TN0390002	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	1016.51	1168.99

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	196.35	196.35
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	21	309.22	355.60
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	22	309.22	355.60
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	23	309.22	355.60
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	24	309.22	355.60
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	25	310.46	357.03
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	26	316.65	364.15
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	27	324.06	372.67
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	28	336.12	386.54
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	29	346.02	397.92
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	30	350.97	403.62
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	31	358.38	412.14
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	32	365.81	420.68
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	33	370.44	426.01
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	34	375.39	431.70
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	35	377.87	434.55
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	36	380.34	437.39
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	37	382.82	440.24
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	38	385.29	443.08
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	39	390.24	448.78
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	40	395.18	454.46
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	41	402.61	463.00
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	42	409.71	471.17

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	43	419.61	482.55
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	44	431.98	496.78
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	45	446.51	513.49
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	46	463.84	533.42
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	47	483.31	555.81
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	48	505.57	581.41
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	49	527.53	606.66
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	50	552.27	635.11
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	51	576.69	663.19
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	52	603.60	694.14
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	53	630.81	725.43
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	54	660.19	759.22
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	55	689.56	792.99
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	56	721.41	829.62
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	57	753.57	866.61
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	58	787.90	906.09
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	59	804.91	925.65
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	60	839.23	965.11
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	61	868.91	999.25
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	62	888.39	1021.65
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	63	912.82	1049.74
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	64	927.36	1066.46
14002TN0390003	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	927.36	1066.46

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	200.64	200.64
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	21	315.98	363.38
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	22	315.98	363.38
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	23	315.98	363.38
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	24	315.98	363.38
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	25	317.24	364.83
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	26	323.57	372.11
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	27	331.14	380.81
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	28	343.46	394.98
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	29	353.58	406.62
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	30	358.64	412.44
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	31	366.21	421.14
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	32	373.80	429.87
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	33	378.54	435.32
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	34	383.60	441.14
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	35	386.12	444.04
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	36	388.65	446.95
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	37	391.18	449.86
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	38	393.71	452.77
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	39	398.77	458.59
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	40	403.82	464.39
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	41	411.40	473.11
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	42	418.67	481.47

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	43	428.78	493.10
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	44	441.42	507.63
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	45	456.27	524.71
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	46	473.97	545.07
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	47	493.87	567.95
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	48	516.62	594.11
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	49	539.06	619.92
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	50	564.34	648.99
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	51	589.30	677.70
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	52	616.79	709.31
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	53	644.59	741.28
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	54	674.62	775.81
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	55	704.63	810.32
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	56	737.18	847.76
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	57	770.04	885.55
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	58	805.11	925.88
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	59	822.50	945.88
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	60	857.57	986.21
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	61	887.89	1021.07
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	62	907.80	1043.97
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	63	932.77	1072.69
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	64	947.62	1089.76
14002TN0390003	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	947.62	1089.76

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	211.42	211.42
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	21	332.95	382.89
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	22	332.95	382.89
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	23	332.95	382.89
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	24	332.95	382.89
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	25	334.28	384.42
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	26	340.95	392.09
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	27	348.93	401.27
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	28	361.91	416.20
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	29	372.57	428.46
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	30	377.90	434.59
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	31	385.89	443.77
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	32	393.88	452.96
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	33	398.87	458.70
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	34	404.20	464.83
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	35	406.87	467.90
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	36	409.53	470.96
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	37	412.20	474.03
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	38	414.86	477.09
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	39	420.19	483.22
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	40	425.51	489.34
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	41	433.50	498.53
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	42	441.16	507.33

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	43	451.82	519.59
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	44	465.13	534.90
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	45	480.78	552.90
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	46	499.43	574.34
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	47	520.40	598.46
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	48	544.37	626.03
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	49	568.02	653.22
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	50	594.66	683.86
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	51	620.95	714.09
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	52	649.93	747.42
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	53	679.22	781.10
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	54	710.86	817.49
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	55	742.48	853.85
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	56	776.78	893.30
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	57	811.41	933.12
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	58	848.36	975.61
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	59	866.68	996.68
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	60	903.64	1039.19
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	61	935.59	1075.93
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	62	956.57	1100.06
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	63	982.88	1130.31
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	64	998.53	1148.31
14002TN0390003	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	998.53	1148.31

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	215.60	215.60
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	21	339.53	390.46
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	22	339.53	390.46
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	23	339.53	390.46
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	24	339.53	390.46
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	25	340.89	392.02
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	26	347.68	399.83
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	27	355.82	409.19
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	28	369.07	424.43
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	29	379.94	436.93
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	30	385.37	443.18
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	31	393.51	452.54
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	32	401.66	461.91
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	33	406.75	467.76
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	34	412.19	474.02
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	35	414.90	477.14
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	36	417.62	480.26
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	37	420.34	483.39
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	38	423.06	486.52
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	39	428.49	492.76
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	40	433.92	499.01
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	41	442.07	508.38
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	42	449.87	517.35

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	43	460.74	529.85
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	44	474.32	545.47
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	45	490.28	563.82
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	46	509.30	585.70
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	47	530.68	610.28
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	48	555.13	638.40
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	49	579.24	666.13
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	50	606.40	697.36
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	51	633.22	728.20
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	52	662.77	762.19
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	53	692.64	796.54
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	54	724.90	833.64
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	55	757.15	870.72
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	56	792.12	910.94
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	57	827.44	951.56
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	58	865.12	994.89
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	59	883.80	1016.37
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	60	921.49	1059.71
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	61	954.08	1097.19
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	62	975.47	1121.79
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	63	1002.30	1152.65
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	64	1018.26	1171.00
14002TN0390003	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	1018.26	1171.00

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	222.49	222.49
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	21	350.38	402.94
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	22	350.38	402.94
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	23	350.38	402.94
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	24	350.38	402.94
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	25	351.78	404.55
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	26	358.79	412.61
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	27	367.19	422.27
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	28	380.85	437.98
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	29	392.07	450.88
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	30	397.68	457.33
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	31	406.08	466.99
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	32	414.49	476.66
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	33	419.75	482.71
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	34	425.35	489.15
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	35	428.16	492.38
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	36	430.96	495.60
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	37	433.77	498.84
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	38	436.57	502.06
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	39	442.18	508.51
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	40	447.78	514.95
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	41	456.19	524.62
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	42	464.24	533.88

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	43	475.46	546.78
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	44	489.47	562.89
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	45	505.94	581.83
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	46	525.57	604.41
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	47	547.64	629.79
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	48	572.86	658.79
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	49	597.74	687.40
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	50	625.77	719.64
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	51	653.45	751.47
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	52	683.94	786.53
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	53	714.76	821.97
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	54	748.06	860.27
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	55	781.34	898.54
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	56	817.42	940.03
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	57	853.87	981.95
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	58	892.76	1026.67
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	59	912.03	1048.83
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	60	950.92	1093.56
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	61	984.55	1132.23
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	62	1006.63	1157.62
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	63	1034.31	1189.46
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	64	1050.78	1208.40
14002TN0390003	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	1050.78	1208.40

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	226.81	226.81
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	21	357.19	410.77
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	22	357.19	410.77
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	23	357.19	410.77
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	24	357.19	410.77
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	25	358.61	412.40
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	26	365.76	420.62
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	27	374.33	430.48
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	28	388.26	446.50
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	29	399.69	459.64
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	30	405.41	466.22
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	31	413.97	476.07
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	32	422.55	485.93
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	33	427.90	492.09
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	34	433.62	498.66
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	35	436.48	501.95
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	36	439.34	505.24
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	37	442.20	508.53
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	38	445.06	511.82
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	39	450.77	518.39
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	40	456.48	524.95
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	41	465.05	534.81
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	42	473.27	544.26

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	43	484.70	557.41
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	44	498.98	573.83
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	45	515.77	593.14
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	46	535.78	616.15
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	47	558.28	642.02
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	48	583.99	671.59
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	49	609.36	700.76
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	50	637.94	733.63
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	51	666.15	766.07
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	52	697.23	801.81
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	53	728.65	837.95
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	54	762.59	876.98
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	55	796.52	916.00
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	56	833.31	958.31
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	57	870.46	1001.03
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	58	910.11	1046.63
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	59	929.76	1069.22
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	60	969.40	1114.81
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	61	1003.68	1154.23
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	62	1026.19	1180.12
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	63	1054.42	1212.58
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	64	1071.20	1231.88
14002TN0390003	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	1071.20	1231.88

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	199.25	199.25
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	21	313.79	360.86
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	22	313.79	360.86
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	23	313.79	360.86
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	24	313.79	360.86
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	25	315.04	362.30
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	26	321.32	369.52
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	27	328.85	378.18
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	28	341.08	392.24
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	29	351.13	403.80
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	30	356.15	409.57
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	31	363.68	418.23
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	32	371.21	426.89
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	33	375.91	432.30
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	34	380.94	438.08
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	35	383.45	440.97
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	36	385.96	443.85
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	37	388.47	446.74
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	38	390.98	449.63
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	39	396.01	455.41
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	40	401.02	461.17
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	41	408.55	469.83
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	42	415.77	478.14

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	43	425.81	489.68
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	44	438.36	504.11
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	45	453.11	521.08
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	46	470.69	541.29
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	47	490.45	564.02
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	48	513.04	590.00
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	49	535.33	615.63
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	50	560.43	644.49
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	51	585.21	672.99
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	52	612.52	704.40
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	53	640.12	736.14
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	54	669.94	770.43
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	55	699.75	804.71
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	56	732.07	841.88
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	57	764.70	879.41
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	58	799.53	919.46
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	59	816.80	939.32
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	60	851.63	979.37
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	61	881.74	1014.00
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	62	901.51	1036.74
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	63	926.31	1065.26
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	64	941.06	1082.22
14002TN0390003	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	941.06	1082.22

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	218.78	218.78
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	21	344.55	396.23
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	22	344.55	396.23
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	23	344.55	396.23
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	24	344.55	396.23
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	25	345.93	397.82
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	26	352.82	405.74
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	27	361.08	415.24
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	28	374.52	430.70
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	29	385.55	443.38
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	30	391.06	449.72
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	31	399.33	459.23
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	32	407.60	468.74
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	33	412.76	474.67
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	34	418.28	481.02
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	35	421.04	484.20
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	36	423.79	487.36
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	37	426.55	490.53
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	38	429.31	493.71
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	39	434.82	500.04
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	40	440.33	506.38
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	41	448.60	515.89
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	42	456.52	525.00

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	43	467.55	537.68
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	44	481.33	553.53
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	45	497.52	572.15
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	46	516.83	594.35
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	47	538.53	619.31
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	48	563.33	647.83
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	49	587.80	675.97
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	50	615.36	707.66
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	51	642.58	738.97
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	52	672.56	773.44
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	53	702.87	808.30
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	54	735.61	845.95
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	55	768.34	883.59
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	56	803.83	924.40
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	57	839.66	965.61
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	58	877.91	1009.60
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	59	896.86	1031.39
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	60	935.11	1075.38
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	61	968.17	1113.40
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	62	989.88	1138.36
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	63	1017.11	1169.68
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	64	1033.30	1188.30
14002TN0390003	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	1033.30	1188.30

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	212.25	212.25
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	21	334.25	384.39
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	22	334.25	384.39
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	23	334.25	384.39
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	24	334.25	384.39
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	25	335.58	385.92
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	26	342.28	393.62
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	27	350.30	402.85
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	28	363.33	417.83
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	29	374.03	430.13
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	30	379.38	436.29
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	31	387.40	445.51
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	32	395.42	454.73
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	33	400.43	460.49
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	34	405.78	466.65
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	35	408.46	469.73
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	36	411.13	472.80
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	37	413.80	475.87
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	38	416.48	478.95
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	39	421.83	485.10
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	40	427.18	491.26
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	41	435.20	500.48
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	42	442.88	509.31

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	43	453.58	521.62
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	44	466.95	536.99
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	45	482.66	555.06
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	46	501.38	576.59
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	47	522.44	600.81
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	48	546.50	628.48
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	49	570.23	655.76
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	50	596.98	686.53
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	51	623.38	716.89
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	52	652.46	750.33
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	53	681.88	784.16
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	54	713.63	820.67
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	55	745.38	857.19
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	56	779.81	896.78
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	57	814.57	936.76
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	58	851.68	979.43
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	59	870.06	1000.57
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	60	907.16	1043.23
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	61	939.25	1080.14
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	62	960.31	1104.36
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	63	986.71	1134.72
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	64	1002.42	1152.78
14002TN0390004	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	1002.42	1152.78

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	216.89	216.89
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	21	341.56	392.79
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	22	341.56	392.79
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	23	341.56	392.79
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	24	341.56	392.79
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	25	342.92	394.36
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	26	349.75	402.21
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	27	357.95	411.64
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	28	371.27	426.96
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	29	382.20	439.53
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	30	387.67	445.82
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	31	395.87	455.25
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	32	404.06	464.67
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	33	409.19	470.57
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	34	414.65	476.85
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	35	417.38	479.99
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	36	420.12	483.14
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	37	422.85	486.28
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	38	425.58	489.42
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	39	431.05	495.71
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	40	436.51	501.99
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	41	444.71	511.42
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	42	452.56	520.44

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	43	463.49	533.01
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	44	477.16	548.73
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	45	493.21	567.19
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	46	512.34	589.19
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	47	533.85	613.93
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	48	558.45	642.22
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	49	582.70	670.11
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	50	610.02	701.52
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	51	637.00	732.55
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	52	666.72	766.73
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	53	696.78	801.30
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	54	729.22	838.60
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	55	761.67	875.92
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	56	796.85	916.38
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	57	832.38	957.24
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	58	870.29	1000.83
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	59	889.07	1022.43
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	60	926.99	1066.04
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	61	959.78	1103.75
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	62	981.29	1128.48
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	63	1008.28	1159.52
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	64	1024.33	1177.98
14002TN0390004	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	1024.33	1177.98

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	228.54	228.54
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	21	359.90	413.89
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	22	359.90	413.89
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	23	359.90	413.89
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	24	359.90	413.89
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	25	361.34	415.54
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	26	368.54	423.82
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	27	377.18	433.76
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	28	391.22	449.90
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	29	402.73	463.14
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	30	408.49	469.76
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	31	417.13	479.70
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	32	425.77	489.64
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	33	431.17	495.85
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	34	436.92	502.46
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	35	439.80	505.77
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	36	442.68	509.08
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	37	445.56	512.39
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	38	448.44	515.71
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	39	454.20	522.33
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	40	459.96	528.95
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	41	468.60	538.89
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	42	476.87	548.40

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	43	488.39	561.65
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	44	502.79	578.21
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	45	519.70	597.66
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	46	539.86	620.84
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	47	562.53	646.91
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	48	588.44	676.71
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	49	614.00	706.10
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	50	642.79	739.21
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	51	671.22	771.90
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	52	702.53	807.91
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	53	734.21	844.34
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	54	768.40	883.66
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	55	802.59	922.98
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	56	839.66	965.61
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	57	877.09	1008.65
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	58	917.04	1054.60
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	59	936.83	1077.35
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	60	976.78	1123.30
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	61	1011.33	1163.03
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	62	1034.01	1189.11
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	63	1062.44	1221.81
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	64	1079.35	1241.25
14002TN0390004	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	1079.35	1241.25

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	233.06	233.06
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	21	367.02	422.07
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	22	367.02	422.07
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	23	367.02	422.07
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	24	367.02	422.07
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	25	368.48	423.75
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	26	375.82	432.19
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	27	384.63	442.32
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	28	398.95	458.79
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	29	410.69	472.29
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	30	416.56	479.04
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	31	425.37	489.18
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	32	434.18	499.31
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	33	439.68	505.63
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	34	445.56	512.39
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	35	448.49	515.76
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	36	451.43	519.14
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	37	454.37	522.53
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	38	457.30	525.90
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	39	463.17	532.65
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	40	469.05	539.41
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	41	477.86	549.54
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	42	486.30	559.25

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	43	498.04	572.75
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	44	512.72	589.63
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	45	529.97	609.47
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	46	550.52	633.10
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	47	573.64	659.69
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	48	600.07	690.08
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	49	626.13	720.05
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	50	655.49	753.81
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	51	684.48	787.15
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	52	716.41	823.87
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	53	748.71	861.02
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	54	783.58	901.12
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	55	818.44	941.21
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	56	856.25	984.69
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	57	894.42	1028.58
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	58	935.16	1075.43
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	59	955.34	1098.64
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	60	996.08	1145.49
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	61	1031.31	1186.01
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	62	1054.44	1212.61
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	63	1083.43	1245.94
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	64	1100.68	1265.78
14002TN0390004	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	1100.68	1265.78

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	240.50	240.50
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	21	378.74	435.55
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	22	378.74	435.55
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	23	378.74	435.55
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	24	378.74	435.55
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	25	380.25	437.29
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	26	387.83	446.00
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	27	396.92	456.46
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	28	411.69	473.44
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	29	423.81	487.38
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	30	429.87	494.35
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	31	438.96	504.80
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	32	448.05	515.26
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	33	453.73	521.79
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	34	459.79	528.76
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	35	462.82	532.24
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	36	465.85	535.73
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	37	468.88	539.21
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	38	471.91	542.70
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	39	477.97	549.67
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	40	484.03	556.63
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	41	493.12	567.09
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	42	501.83	577.10

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	43	513.95	591.04
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	44	529.10	608.47
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	45	546.90	628.94
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	46	568.11	653.33
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	47	591.97	680.77
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	48	619.24	712.13
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	49	646.13	743.05
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	50	676.43	777.89
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	51	706.35	812.30
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	52	739.30	850.20
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	53	772.63	888.52
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	54	808.61	929.90
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	55	844.59	971.28
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	56	883.60	1016.14
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	57	922.99	1061.44
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	58	965.03	1109.78
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	59	985.86	1133.74
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	60	1027.90	1182.09
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	61	1064.26	1223.90
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	62	1088.12	1251.34
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	63	1118.04	1285.75
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	64	1135.84	1306.22
14002TN0390004	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	1135.84	1306.22

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	245.17	245.17
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	21	386.10	444.02
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	22	386.10	444.02
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	23	386.10	444.02
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	24	386.10	444.02
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	25	387.64	445.79
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	26	395.37	454.68
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	27	404.63	465.32
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	28	419.69	482.64
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	29	432.05	496.86
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	30	438.22	503.95
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	31	447.49	514.61
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	32	456.76	525.27
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	33	462.55	531.93
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	34	468.72	539.03
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	35	471.81	542.58
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	36	474.90	546.14
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	37	477.99	549.69
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	38	481.08	553.24
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	39	487.26	560.35
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	40	493.44	567.46
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	41	502.70	578.11
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	42	511.58	588.32

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	43	523.94	602.53
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	44	539.38	620.29
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	45	557.53	641.16
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	46	579.15	666.02
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	47	603.47	693.99
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	48	631.27	725.96
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	49	658.69	757.49
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	50	689.57	793.01
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	51	720.08	828.09
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	52	753.67	866.72
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	53	787.64	905.79
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	54	824.32	947.97
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	55	861.00	990.15
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	56	900.77	1035.89
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	57	940.93	1082.07
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	58	983.78	1131.35
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	59	1005.02	1155.77
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	60	1047.87	1205.05
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	61	1084.94	1247.68
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	62	1109.26	1275.65
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	63	1139.77	1310.74
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	64	1157.91	1331.60
14002TN0390004	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	1157.91	1331.60

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	215.39	215.39
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	21	339.19	390.07
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	22	339.19	390.07
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	23	339.19	390.07
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	24	339.19	390.07
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	25	340.54	391.62
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	26	347.33	399.43
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	27	355.47	408.79
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	28	368.70	424.01
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	29	379.55	436.48
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	30	384.98	442.73
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	31	393.12	452.09
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	32	401.26	461.45
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	33	406.35	467.30
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	34	411.78	473.55
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	35	414.49	476.66
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	36	417.20	479.78
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	37	419.92	482.91
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	38	422.63	486.02
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	39	428.06	492.27
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	40	433.49	498.51
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	41	441.63	507.87
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	42	449.43	516.84

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	43	460.28	529.32
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	44	473.85	544.93
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	45	489.79	563.26
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	46	508.79	585.11
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	47	530.15	609.67
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	48	554.58	637.77
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	49	578.66	665.46
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	50	605.79	696.66
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	51	632.59	727.48
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	52	662.10	761.42
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	53	691.95	795.74
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	54	724.17	832.80
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	55	756.39	869.85
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	56	791.33	910.03
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	57	826.61	950.60
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	58	864.26	993.90
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	59	882.91	1015.35
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	60	920.56	1058.64
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	61	953.12	1096.09
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	62	974.49	1120.66
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	63	1001.29	1151.48
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	64	1017.23	1169.81
14002TN0390004	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	1017.23	1169.81

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	236.50	236.50
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	21	372.44	428.31
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	22	372.44	428.31
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	23	372.44	428.31
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	24	372.44	428.31
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	25	373.92	430.01
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	26	381.38	438.59
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	27	390.32	448.87
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	28	404.84	465.57
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	29	416.76	479.27
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	30	422.72	486.13
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	31	431.66	496.41
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	32	440.60	506.69
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	33	446.18	513.11
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	34	452.14	519.96
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	35	455.12	523.39
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	36	458.10	526.82
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	37	461.08	530.24
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	38	464.06	533.67
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	39	470.02	540.52
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	40	475.98	547.38
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	41	484.92	557.66
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	42	493.48	567.50

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	43	505.40	581.21
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	44	520.30	598.35
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	45	537.80	618.47
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	46	558.66	642.46
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	47	582.12	669.44
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	48	608.94	700.28
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	49	635.38	730.69
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	50	665.18	764.96
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	51	694.60	798.79
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	52	727.00	836.05
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	53	759.78	873.75
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	54	795.16	914.43
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	55	830.54	955.12
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	56	868.90	999.24
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	57	907.63	1043.77
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	58	948.98	1091.33
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	59	969.46	1114.88
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	60	1010.80	1162.42
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	61	1046.55	1203.53
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	62	1070.02	1230.52
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	63	1099.44	1264.36
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	64	1116.94	1284.48
14002TN0390004	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	1116.94	1284.48

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	204.35	204.35
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	21	321.81	370.08
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	22	321.81	370.08
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	23	321.81	370.08
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	24	321.81	370.08
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	25	323.10	371.57
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	26	329.54	378.97
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	27	337.26	387.85
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	28	349.81	402.28
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	29	360.11	414.13
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	30	365.25	420.04
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	31	372.98	428.93
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	32	380.70	437.81
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	33	385.54	443.37
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	34	390.68	449.28
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	35	393.26	452.25
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	36	395.83	455.20
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	37	398.40	458.16
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	38	400.98	461.13
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	39	406.13	467.05
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	40	411.27	472.96
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	41	419.00	481.85
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	42	426.40	490.36

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	43	436.70	502.21
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	44	449.57	517.01
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	45	464.70	534.41
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	46	482.72	555.13
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	47	502.99	578.44
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	48	526.16	605.08
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	49	549.01	631.36
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	50	574.76	660.97
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	51	600.18	690.21
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	52	628.18	722.41
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	53	656.49	754.96
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	54	687.07	790.13
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	55	717.64	825.29
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	56	750.79	863.41
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	57	784.26	901.90
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	58	819.98	942.98
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	59	837.68	963.33
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	60	873.40	1004.41
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	61	904.29	1039.93
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	62	924.57	1063.26
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	63	949.99	1092.49
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	64	965.12	1109.89
14002TN0390001	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	965.12	1109.89

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	192.08	192.08
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	21	302.49	347.86
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	22	302.49	347.86
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	23	302.49	347.86
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	24	302.49	347.86
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	25	303.70	349.26
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	26	309.75	356.21
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	27	317.01	364.56
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	28	328.81	378.13
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	29	338.49	389.26
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	30	343.32	394.82
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	31	350.58	403.17
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	32	357.84	411.52
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	33	362.39	416.75
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	34	367.22	422.30
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	35	369.65	425.10
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	36	372.06	427.87
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	37	374.48	430.65
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	38	376.91	433.45
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	39	381.74	439.00
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	40	386.58	444.57
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	41	393.84	452.92
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	42	400.80	460.92

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	43	410.48	472.05
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	44	422.58	485.97
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	45	436.79	502.31
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	46	453.74	521.80
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	47	472.79	543.71
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	48	494.57	568.76
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	49	516.05	593.46
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	50	540.25	621.29
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	51	564.15	648.77
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	52	590.46	679.03
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	53	617.08	709.64
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	54	645.81	742.68
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	55	674.55	775.73
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	56	705.71	811.57
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	57	737.17	847.75
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	58	770.75	886.36
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	59	787.39	905.50
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	60	820.96	944.10
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	61	850.00	977.50
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	62	869.05	999.41
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	63	892.95	1026.89
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	64	907.17	1043.25
14002TN0390001	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	907.17	1043.25

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	197.97	197.97
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	21	311.77	358.54
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	22	311.77	358.54
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	23	311.77	358.54
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	24	311.77	358.54
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	25	313.02	359.97
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	26	319.25	367.14
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	27	326.74	375.75
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	28	338.89	389.72
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	29	348.87	401.20
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	30	353.86	406.94
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	31	361.34	415.54
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	32	368.82	424.14
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	33	373.51	429.54
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	34	378.49	435.26
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	35	380.99	438.14
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	36	383.48	441.00
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	37	385.97	443.87
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	38	388.47	446.74
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	39	393.46	452.48
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	40	398.44	458.21
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	41	405.92	466.81
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	42	413.10	475.07

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	43	423.08	486.54
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	44	435.54	500.87
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	45	450.20	517.73
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	46	467.66	537.81
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	47	487.30	560.40
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	48	509.74	586.20
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	49	531.88	611.66
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	50	556.83	640.35
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	51	581.46	668.68
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	52	608.58	699.87
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	53	636.01	731.41
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	54	665.63	765.47
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	55	695.25	799.54
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	56	727.37	836.48
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	57	759.79	873.76
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	58	794.40	913.56
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	59	811.55	933.28
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	60	846.15	973.07
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	61	876.08	1007.49
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	62	895.72	1030.08
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	63	920.35	1058.40
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	64	935.01	1075.26
14002TN0390001	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	935.01	1075.26

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	210.40	210.40
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	21	331.35	381.05
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	22	331.35	381.05
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	23	331.35	381.05
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	24	331.35	381.05
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	25	332.68	382.58
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	26	339.30	390.20
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	27	347.26	399.35
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	28	360.18	414.21
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	29	370.78	426.40
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	30	376.08	432.49
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	31	384.03	441.63
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	32	391.98	450.78
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	33	396.96	456.50
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	34	402.26	462.60
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	35	404.92	465.66
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	36	407.56	468.69
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	37	410.21	471.74
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	38	412.87	474.80
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	39	418.17	480.90
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	40	423.46	486.98
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	41	431.42	496.13
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	42	439.04	504.90

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	43	449.64	517.09
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	44	462.89	532.32
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	45	478.47	550.24
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	46	497.03	571.58
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	47	517.90	595.59
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	48	541.76	623.02
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	49	565.28	650.07
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	50	591.79	680.56
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	51	617.97	710.67
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	52	646.80	743.82
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	53	675.95	777.34
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	54	707.43	813.54
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	55	738.91	849.75
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	56	773.04	889.00
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	57	807.51	928.64
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	58	844.28	970.92
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	59	862.51	991.89
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	60	899.29	1034.18
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	61	931.10	1070.77
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	62	951.97	1094.77
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	63	978.15	1124.87
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	64	993.73	1142.79
14002TN0390001	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	993.73	1142.79

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	212.90	212.90
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	21	335.28	385.57
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	22	335.28	385.57
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	23	335.28	385.57
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	24	335.28	385.57
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	25	336.63	387.12
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	26	343.33	394.83
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	27	351.38	404.09
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	28	364.45	419.12
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	29	375.18	431.46
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	30	380.54	437.62
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	31	388.59	446.88
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	32	396.64	456.14
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	33	401.68	461.93
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	34	407.04	468.10
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	35	409.72	471.18
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	36	412.40	474.26
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	37	415.08	477.34
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	38	417.77	480.44
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	39	423.13	486.60
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	40	428.49	492.76
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	41	436.54	502.02
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	42	444.25	510.89

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	43	454.98	523.23
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	44	468.39	538.65
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	45	484.15	556.77
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	46	502.93	578.37
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	47	524.05	602.66
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	48	548.19	630.42
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	49	571.99	657.79
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	50	598.82	688.64
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	51	625.31	719.11
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	52	654.48	752.65
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	53	683.98	786.58
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	54	715.83	823.20
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	55	747.68	859.83
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	56	782.22	899.55
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	57	817.09	939.65
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	58	854.30	982.45
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	59	872.75	1003.66
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	60	909.96	1046.45
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	61	942.15	1083.47
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	62	963.27	1107.76
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	63	989.76	1138.22
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	64	1005.52	1156.35
14002TN0390001	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	1005.52	1156.35

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	204.06	204.06
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	21	321.36	369.56
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	22	321.36	369.56
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	23	321.36	369.56
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	24	321.36	369.56
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	25	322.65	371.05
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	26	329.07	378.43
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	27	336.78	387.30
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	28	349.31	401.71
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	29	359.60	413.54
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	30	364.74	419.45
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	31	372.45	428.32
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	32	380.16	437.18
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	33	384.99	442.74
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	34	390.13	448.65
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	35	392.70	451.61
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	36	395.27	454.56
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	37	397.84	457.52
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	38	400.42	460.48
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	39	405.55	466.38
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	40	410.69	472.29
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	41	418.40	481.16
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	42	425.80	489.67

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	43	436.08	501.49
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	44	448.93	516.27
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	45	464.04	533.65
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	46	482.04	554.35
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	47	502.28	577.62
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	48	525.42	604.23
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	49	548.24	630.48
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	50	573.95	660.04
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	51	599.34	689.24
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	52	627.29	721.38
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	53	655.57	753.91
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	54	686.10	789.02
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	55	716.63	824.12
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	56	749.73	862.19
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	57	783.15	900.62
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	58	818.82	941.64
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	59	836.50	961.98
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	60	872.17	1003.00
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	61	903.02	1038.47
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	62	923.26	1061.75
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	63	948.65	1090.95
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	64	963.76	1108.32
14002TN0390001	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	963.76	1108.32

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	190.75	190.75
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	21	300.39	345.45
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	22	300.39	345.45
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	23	300.39	345.45
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	24	300.39	345.45
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	25	301.60	346.84
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	26	307.60	353.74
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	27	314.81	362.03
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	28	326.53	375.51
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	29	336.14	386.56
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	30	340.94	392.08
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	31	348.15	400.37
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	32	355.36	408.66
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	33	359.88	413.86
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	34	364.68	419.38
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	35	367.09	422.15
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	36	369.48	424.90
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	37	371.89	427.67
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	38	374.29	430.43
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	39	379.10	435.97
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	40	383.90	441.49
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	41	391.11	449.78
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	42	398.02	457.72

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	43	407.64	468.79
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	44	419.65	482.60
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	45	433.77	498.84
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	46	450.59	518.18
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	47	469.51	539.94
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	48	491.14	564.81
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	49	512.47	589.34
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	50	536.50	616.98
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	51	560.24	644.28
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	52	586.37	674.33
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	53	612.80	704.72
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	54	641.34	737.54
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	55	669.88	770.36
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	56	700.82	805.94
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	57	732.06	841.87
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	58	765.40	880.21
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	59	781.93	899.22
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	60	815.27	937.56
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	61	844.11	970.73
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	62	863.03	992.48
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	63	886.76	1019.77
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	64	900.88	1036.01
14002TN0390001	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	900.88	1036.01

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	213.51	213.51
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	21	336.25	386.69
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	22	336.25	386.69
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	23	336.25	386.69
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	24	336.25	386.69
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	25	337.59	388.23
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	26	344.32	395.97
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	27	352.39	405.25
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	28	365.50	420.33
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	29	376.26	432.70
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	30	381.64	438.89
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	31	389.71	448.17
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	32	397.78	457.45
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	33	402.83	463.25
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	34	408.21	469.44
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	35	410.90	472.54
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	36	413.58	475.62
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	37	416.28	478.72
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	38	418.97	481.82
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	39	424.34	487.99
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	40	429.72	494.18
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	41	437.79	503.46
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	42	445.53	512.36

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	43	456.29	524.73
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	44	469.73	540.19
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	45	485.54	558.37
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	46	504.37	580.03
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	47	525.55	604.38
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	48	549.76	632.22
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	49	573.64	659.69
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	50	600.54	690.62
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	51	627.11	721.18
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	52	656.36	754.81
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	53	685.94	788.83
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	54	717.89	825.57
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	55	749.83	862.30
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	56	784.47	902.14
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	57	819.44	942.36
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	58	856.76	985.27
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	59	875.26	1006.55
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	60	912.58	1049.47
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	61	944.86	1086.59
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	62	966.04	1110.95
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	63	992.60	1141.49
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	64	1008.41	1159.67
14002TN0390001	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	1008.41	1159.67

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	214.48	214.48
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	21	337.78	388.45
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	22	337.78	388.45
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	23	337.78	388.45
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	24	337.78	388.45
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	25	339.13	390.00
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	26	345.88	397.76
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	27	353.99	407.09
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	28	367.16	422.23
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	29	377.97	434.67
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	30	383.37	440.88
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	31	391.48	450.20
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	32	399.58	459.52
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	33	404.66	465.36
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	34	410.06	471.57
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	35	412.77	474.69
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	36	415.46	477.78
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	37	418.17	480.90
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	38	420.87	484.00
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	39	426.27	490.21
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	40	431.67	496.42
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	41	439.78	505.75
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	42	447.55	514.68

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	43	458.36	527.11
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	44	471.87	542.65
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	45	487.75	560.91
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	46	506.66	582.66
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	47	527.94	607.13
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	48	552.26	635.10
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	49	576.24	662.68
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	50	603.27	693.76
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	51	629.96	724.45
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	52	659.34	758.24
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	53	689.06	792.42
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	54	721.15	829.32
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	55	753.24	866.23
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	56	788.03	906.23
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	57	823.16	946.63
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	58	860.65	989.75
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	59	879.24	1011.13
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	60	916.73	1054.24
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	61	949.15	1091.52
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	62	970.43	1115.99
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	63	997.12	1146.69
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	64	1012.99	1164.94
14002TN0390005	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	1012.99	1164.94

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	219.17	219.17
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	21	345.16	396.93
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	22	345.16	396.93
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	23	345.16	396.93
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	24	345.16	396.93
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	25	346.54	398.52
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	26	353.44	406.46
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	27	361.72	415.98
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	28	375.18	431.46
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	29	386.23	444.16
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	30	391.75	450.51
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	31	400.03	460.03
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	32	408.32	469.57
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	33	413.50	475.53
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	34	419.02	481.87
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	35	421.79	485.06
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	36	424.54	488.22
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	37	427.31	491.41
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	38	430.07	494.58
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	39	435.59	500.93
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	40	441.11	507.28
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	41	449.39	516.80
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	42	457.33	525.93

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	43	468.38	538.64
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	44	482.18	554.51
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	45	498.41	573.17
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	46	517.74	595.40
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	47	539.48	620.40
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	48	564.33	648.98
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	49	588.84	677.17
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	50	616.45	708.92
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	51	643.72	740.28
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	52	673.75	774.81
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	53	704.12	809.74
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	54	736.91	847.45
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	55	769.70	885.16
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	56	805.25	926.04
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	57	841.15	967.32
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	58	879.46	1011.38
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	59	898.45	1033.22
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	60	936.76	1077.27
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	61	969.89	1115.37
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	62	991.63	1140.37
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	63	1018.91	1171.75
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	64	1035.13	1190.40
14002TN0390005	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	1035.13	1190.40

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	230.94	230.94
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	21	363.70	418.26
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	22	363.70	418.26
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	23	363.70	418.26
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	24	363.70	418.26
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	25	365.16	419.93
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	26	372.43	428.29
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	27	381.16	438.33
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	28	395.34	454.64
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	29	406.98	468.03
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	30	412.79	474.71
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	31	421.52	484.75
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	32	430.25	494.79
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	33	435.72	501.08
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	34	441.53	507.76
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	35	444.44	511.11
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	36	447.35	514.45
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	37	450.26	517.80
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	38	453.17	521.15
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	39	458.99	527.84
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	40	464.80	534.52
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	41	473.53	544.56
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	42	481.90	554.19

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	43	493.54	567.57
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	44	508.08	584.29
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	45	525.18	603.96
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	46	545.55	627.38
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	47	568.46	653.73
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	48	594.64	683.84
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	49	620.47	713.54
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	50	649.57	747.01
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	51	678.30	780.05
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	52	709.94	816.43
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	53	741.94	853.23
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	54	776.49	892.96
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	55	811.05	932.71
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	56	848.51	975.79
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	57	886.34	1019.29
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	58	926.70	1065.71
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	59	946.71	1088.72
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	60	987.08	1135.14
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	61	1021.99	1175.29
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	62	1044.90	1201.64
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	63	1073.64	1234.69
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	64	1090.74	1254.35
14002TN0390005	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	1090.74	1254.35

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	235.51	235.51
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	21	370.88	426.51
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	22	370.88	426.51
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	23	370.88	426.51
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	24	370.88	426.51
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	25	372.37	428.23
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	26	379.79	436.76
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	27	388.69	446.99
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	28	403.15	463.62
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	29	415.02	477.27
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	30	420.95	484.09
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	31	429.85	494.33
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	32	438.75	504.56
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	33	444.32	510.97
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	34	450.25	517.79
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	35	453.23	521.21
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	36	456.18	524.61
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	37	459.16	528.03
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	38	462.13	531.45
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	39	468.06	538.27
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	40	473.99	545.09
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	41	482.89	555.32
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	42	491.42	565.13

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	43	503.29	578.78
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	44	518.12	595.84
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	45	535.55	615.88
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	46	556.33	639.78
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	47	579.69	666.64
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	48	606.39	697.35
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	49	632.73	727.64
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	50	662.40	761.76
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	51	691.70	795.46
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	52	723.97	832.57
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	53	756.60	870.09
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	54	791.83	910.60
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	55	827.07	951.13
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	56	865.27	995.06
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	57	903.85	1039.43
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	58	945.01	1086.76
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	59	965.42	1110.23
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	60	1006.58	1157.57
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	61	1042.18	1198.51
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	62	1065.55	1225.38
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	63	1094.85	1259.08
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	64	1112.29	1279.13
14002TN0390005	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	1112.29	1279.13

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	243.03	243.03
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	21	382.73	440.14
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	22	382.73	440.14
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	23	382.73	440.14
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	24	382.73	440.14
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	25	384.26	441.90
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	26	391.92	450.71
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	27	401.10	461.27
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	28	416.03	478.43
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	29	428.28	492.52
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	30	434.40	499.56
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	31	443.58	510.12
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	32	452.77	520.69
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	33	458.52	527.30
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	34	464.64	534.34
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	35	467.70	537.86
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	36	470.76	541.37
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	37	473.82	544.89
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	38	476.89	548.42
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	39	483.01	555.46
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	40	489.13	562.50
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	41	498.31	573.06
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	42	507.12	583.19

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	43	519.37	597.28
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	44	534.67	614.87
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	45	552.66	635.56
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	46	574.10	660.22
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	47	598.21	687.94
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	48	625.76	719.62
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	49	652.94	750.88
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	50	683.56	786.09
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	51	713.80	820.87
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	52	747.09	859.15
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	53	780.77	897.89
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	54	817.13	939.70
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	55	853.49	981.51
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	56	892.91	1026.85
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	57	932.72	1072.63
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	58	975.20	1121.48
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	59	996.25	1145.69
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	60	1038.73	1194.54
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	61	1075.47	1236.79
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	62	1099.58	1264.52
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	63	1129.82	1299.29
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	64	1147.81	1319.98
14002TN0390005	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	1147.81	1319.98

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	247.75	247.75
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	21	390.17	448.70
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	22	390.17	448.70
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	23	390.17	448.70
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	24	390.17	448.70
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	25	391.73	450.49
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	26	399.53	459.46
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	27	408.90	470.24
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	28	424.11	487.73
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	29	436.60	502.09
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	30	442.84	509.27
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	31	452.20	520.03
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	32	461.57	530.81
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	33	467.43	537.54
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	34	473.67	544.72
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	35	476.79	548.31
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	36	479.91	551.90
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	37	483.03	555.48
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	38	486.16	559.08
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	39	492.39	566.25
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	40	498.63	573.42
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	41	508.00	584.20
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	42	516.97	594.52

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	43	529.46	608.88
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	44	545.06	626.82
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	45	563.40	647.91
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	46	585.25	673.04
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	47	609.83	701.30
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	48	637.92	733.61
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	49	665.63	765.47
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	50	696.84	801.37
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	51	727.67	836.82
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	52	761.61	875.85
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	53	795.94	915.33
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	54	833.01	957.96
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	55	870.07	1000.58
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	56	910.27	1046.81
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	57	950.85	1093.48
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	58	994.15	1143.27
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	59	1015.62	1167.96
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	60	1058.92	1217.76
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	61	1096.38	1260.84
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	62	1120.95	1289.09
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	63	1151.78	1324.55
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	64	1170.12	1345.64
14002TN0390005	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	1170.12	1345.64

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	217.65	217.65
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	21	342.77	394.19
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	22	342.77	394.19
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	23	342.77	394.19
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	24	342.77	394.19
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	25	344.14	395.76
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	26	350.99	403.64
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	27	359.22	413.10
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	28	372.58	428.47
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	29	383.55	441.08
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	30	389.04	447.40
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	31	397.26	456.85
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	32	405.49	466.31
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	33	410.64	472.24
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	34	416.12	478.54
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	35	418.86	481.69
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	36	421.60	484.84
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	37	424.34	487.99
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	38	427.09	491.15
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	39	432.57	497.46
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	40	438.05	503.76
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	41	446.28	513.22
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	42	454.16	522.28

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	43	465.13	534.90
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	44	478.84	550.67
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	45	494.95	569.19
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	46	514.15	591.27
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	47	535.74	616.10
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	48	560.42	644.48
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	49	584.76	672.47
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	50	612.18	704.01
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	51	639.26	735.15
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	52	669.08	769.44
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	53	699.24	804.13
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	54	731.80	841.57
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	55	764.36	879.01
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	56	799.67	919.62
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	57	835.32	960.62
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	58	873.37	1004.38
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	59	892.22	1026.05
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	60	930.27	1069.81
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	61	963.17	1107.65
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	62	984.76	1132.47
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	63	1011.84	1163.62
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	64	1027.96	1182.15
14002TN0390005	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	1027.96	1182.15

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	238.99	238.99
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	21	376.37	432.83
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	22	376.37	432.83
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	23	376.37	432.83
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	24	376.37	432.83
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	25	377.87	434.55
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	26	385.40	443.21
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	27	394.43	453.59
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	28	409.11	470.48
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	29	421.15	484.32
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	30	427.17	491.25
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	31	436.20	501.63
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	32	445.23	512.01
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	33	450.89	518.52
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	34	456.91	525.45
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	35	459.92	528.91
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	36	462.93	532.37
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	37	465.94	535.83
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	38	468.95	539.29
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	39	474.97	546.22
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	40	480.99	553.14
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	41	490.02	563.52
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	42	498.68	573.48

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	43	510.73	587.34
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	44	525.78	604.65
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	45	543.47	624.99
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	46	564.55	649.23
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	47	588.26	676.50
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	48	615.35	707.65
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	49	642.08	738.39
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	50	672.19	773.02
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	51	701.93	807.22
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	52	734.67	844.87
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	53	767.78	882.95
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	54	803.54	924.07
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	55	839.29	965.18
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	56	878.06	1009.77
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	57	917.20	1054.78
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	58	958.98	1102.83
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	59	979.68	1126.63
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	60	1021.46	1174.68
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	61	1057.58	1216.22
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	62	1081.29	1243.48
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	63	1111.03	1277.68
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	64	1128.72	1298.03
14002TN0390005	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	1128.72	1298.03

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	79.03	79.03
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	21	124.46	143.13
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	22	124.46	143.13
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	23	124.46	143.13
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	24	124.46	143.13
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	25	124.95	143.69
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	26	127.45	146.57
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	27	130.43	149.99
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	28	135.28	155.57
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	29	139.27	160.16
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	30	141.26	162.45
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	31	144.25	165.89
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	32	147.23	169.31
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	33	149.10	171.47
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	34	151.09	173.75
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	35	152.09	174.90
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	36	153.08	176.04
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	37	154.08	177.19
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	38	155.07	178.33
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	39	157.07	180.63
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	40	159.06	182.92
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	41	162.04	186.35
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	42	164.90	189.64

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	43	168.89	194.22
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	44	173.87	199.95
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	45	179.71	206.67
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	46	186.69	214.69
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	47	194.53	223.71
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	48	203.49	234.01
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	49	212.32	244.17
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	50	222.28	255.62
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	51	232.11	266.93
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	52	242.94	279.38
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	53	253.89	291.97
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	54	265.71	305.57
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	55	277.54	319.17
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	56	290.36	333.91
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	57	303.30	348.80
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	58	317.11	364.68
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	59	323.96	372.55
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	60	337.77	388.44
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	61	349.72	402.18
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	62	357.56	411.19
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	63	367.39	422.50
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	64	373.25	429.24
14002TN0320005	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	373.25	429.24

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	79.26	79.26
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	21	124.81	143.53
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	22	124.81	143.53
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	23	124.81	143.53
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	24	124.81	143.53
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	25	125.31	144.11
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	26	127.81	146.98
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	27	130.80	150.42
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	28	135.66	156.01
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	29	139.66	160.61
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	30	141.66	162.91
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	31	144.65	166.35
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	32	147.65	169.80
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	33	149.52	171.95
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	34	151.52	174.25
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	35	152.52	175.40
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	36	153.51	176.54
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	37	154.51	177.69
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	38	155.51	178.84
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	39	157.51	181.14
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	40	159.51	183.44
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	41	162.50	186.88
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	42	165.37	190.18

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	43	169.37	194.78
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	44	174.36	200.51
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	45	180.22	207.25
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	46	187.22	215.30
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	47	195.08	224.34
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	48	204.07	234.68
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	49	212.93	244.87
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	50	222.91	256.35
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	51	232.77	267.69
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	52	243.62	280.16
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	53	254.61	292.80
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	54	266.47	306.44
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	55	278.32	320.07
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	56	291.18	334.86
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	57	304.16	349.78
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	58	318.01	365.71
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	59	324.88	373.61
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	60	338.73	389.54
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	61	350.71	403.32
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	62	358.57	412.36
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	63	368.43	423.69
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	64	374.30	430.45
14002TN0320005	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	374.30	430.45

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	79.55	79.55
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	21	125.28	144.07
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	22	125.28	144.07
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	23	125.28	144.07
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	24	125.28	144.07
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	25	125.78	144.65
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	26	128.29	147.53
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	27	131.29	150.98
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	28	136.17	156.60
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	29	140.19	161.22
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	30	142.19	163.52
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	31	145.20	166.98
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	32	148.20	170.43
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	33	150.08	172.59
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	34	152.09	174.90
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	35	153.09	176.05
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	36	154.09	177.20
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	37	155.09	178.35
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	38	156.09	179.50
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	39	158.10	181.82
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	40	160.11	184.13
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	41	163.11	187.58
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	42	165.99	190.89

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	43	170.00	195.50
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	44	175.01	201.26
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	45	180.90	208.04
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	46	187.92	216.11
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	47	195.81	225.18
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	48	204.83	235.55
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	49	213.72	245.78
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	50	223.75	257.31
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	51	233.64	268.69
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	52	244.54	281.22
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	53	255.57	293.91
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	54	267.47	307.59
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	55	279.37	321.28
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	56	292.27	336.11
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	57	305.30	351.10
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	58	319.21	367.09
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	59	326.10	375.02
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	60	340.00	391.00
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	61	352.03	404.83
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	62	359.92	413.91
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	63	369.82	425.29
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	64	375.71	432.07
14002TN0320005	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	375.71	432.07

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	81.69	81.69
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	21	128.65	147.95
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	22	128.65	147.95
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	23	128.65	147.95
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	24	128.65	147.95
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	25	129.16	148.53
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	26	131.74	151.50
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	27	134.82	155.04
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	28	139.83	160.80
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	29	143.96	165.55
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	30	146.01	167.91
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	31	149.10	171.47
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	32	152.19	175.02
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	33	154.12	177.24
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	34	156.18	179.61
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	35	157.21	180.79
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	36	158.23	181.96
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	37	159.27	183.16
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	38	160.29	184.33
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	39	162.35	186.70
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	40	164.41	189.07
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	41	167.50	192.63
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	42	170.45	196.02

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	43	174.58	200.77
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	44	179.72	206.68
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	45	185.76	213.62
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	46	192.97	221.92
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	47	201.07	231.23
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	48	210.34	241.89
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	49	219.47	252.39
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	50	229.76	264.22
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	51	239.93	275.92
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	52	251.11	288.78
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	53	262.44	301.81
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	54	274.66	315.86
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	55	286.88	329.91
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	56	300.13	345.15
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	57	313.51	360.54
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	58	327.79	376.96
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	59	334.86	385.09
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	60	349.14	401.51
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	61	361.50	415.73
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	62	369.60	425.04
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	63	379.76	436.72
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	64	385.81	443.68
14002TN0320005	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	385.81	443.68

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	90.90	90.90
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	21	143.14	164.61
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	22	143.14	164.61
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	23	143.14	164.61
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	24	143.14	164.61
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	25	143.71	165.27
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	26	146.58	168.57
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	27	150.02	172.52
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	28	155.59	178.93
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	29	160.18	184.21
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	30	162.47	186.84
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	31	165.90	190.79
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	32	169.34	194.74
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	33	171.49	197.21
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	34	173.78	199.85
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	35	174.92	201.16
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	36	176.06	202.47
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	37	177.21	203.79
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	38	178.35	205.10
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	39	180.65	207.75
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	40	182.94	210.38
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	41	186.37	214.33
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	42	189.66	218.11

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	43	194.25	223.39
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	44	199.97	229.97
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	45	206.70	237.71
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	46	214.72	246.93
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	47	223.73	257.29
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	48	234.04	269.15
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	49	244.20	280.83
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	50	255.65	294.00
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	51	266.96	307.00
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	52	279.41	321.32
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	53	292.01	335.81
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	54	305.61	351.45
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	55	319.21	367.09
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	56	333.95	384.04
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	57	348.84	401.17
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	58	364.72	419.43
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	59	372.60	428.49
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	60	388.48	446.75
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	61	402.23	462.56
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	62	411.24	472.93
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	63	422.55	485.93
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	64	429.29	493.68
14002TN0320001	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	429.29	493.68

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	85.44	85.44
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	21	134.55	154.73
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	22	134.55	154.73
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	23	134.55	154.73
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	24	134.55	154.73
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	25	135.08	155.34
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	26	137.78	158.45
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	27	141.01	162.16
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	28	146.25	168.19
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	29	150.56	173.14
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	30	152.71	175.62
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	31	155.94	179.33
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	32	159.17	183.05
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	33	161.19	185.37
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	34	163.34	187.84
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	35	164.42	189.08
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	36	165.49	190.31
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	37	166.57	191.56
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	38	167.64	192.79
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	39	169.80	195.27
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	40	171.95	197.74
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	41	175.18	201.46
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	42	178.27	205.01

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	43	182.58	209.97
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	44	187.97	216.17
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	45	194.29	223.43
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	46	201.83	232.10
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	47	210.30	241.85
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	48	219.99	252.99
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	49	229.54	263.97
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	50	240.30	276.35
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	51	250.93	288.57
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	52	262.63	302.02
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	53	274.48	315.65
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	54	287.26	330.35
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	55	300.04	345.05
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	56	313.90	360.99
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	57	327.89	377.07
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	58	342.83	394.25
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	59	350.23	402.76
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	60	365.16	419.93
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	61	378.08	434.79
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	62	386.55	444.53
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	63	397.18	456.76
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	64	403.51	464.04
14002TN0320001	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	403.51	464.04

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	88.06	88.06
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	21	138.68	159.48
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	22	138.68	159.48
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	23	138.68	159.48
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	24	138.68	159.48
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	25	139.23	160.11
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	26	142.01	163.31
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	27	145.34	167.14
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	28	150.74	173.35
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	29	155.18	178.46
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	30	157.40	181.01
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	31	160.73	184.84
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	32	164.06	188.67
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	33	166.14	191.06
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	34	168.35	193.60
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	35	169.47	194.89
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	36	170.57	196.16
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	37	171.68	197.43
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	38	172.79	198.71
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	39	175.01	201.26
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	40	177.23	203.81
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	41	180.56	207.64
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	42	183.74	211.30

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	43	188.19	216.42
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	44	193.73	222.79
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	45	200.25	230.29
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	46	208.02	239.22
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	47	216.75	249.26
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	48	226.74	260.75
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	49	236.58	272.07
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	50	247.68	284.83
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	51	258.63	297.42
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	52	270.69	311.29
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	53	282.90	325.34
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	54	296.07	340.48
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	55	309.25	355.64
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	56	323.53	372.06
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	57	337.96	388.65
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	58	353.35	406.35
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	59	360.97	415.12
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	60	376.36	432.81
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	61	389.68	448.13
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	62	398.41	458.17
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	63	409.37	470.78
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	64	415.89	478.27
14002TN0320001	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	415.89	478.27

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	93.59	93.59
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	21	147.39	169.50
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	22	147.39	169.50
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	23	147.39	169.50
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	24	147.39	169.50
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	25	147.97	170.17
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	26	150.92	173.56
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	27	154.46	177.63
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	28	160.20	184.23
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	29	164.92	189.66
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	30	167.28	192.37
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	31	170.82	196.44
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	32	174.36	200.51
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	33	176.57	203.06
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	34	178.93	205.77
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	35	180.11	207.13
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	36	181.28	208.47
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	37	182.46	209.83
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	38	183.64	211.19
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	39	186.00	213.90
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	40	188.36	216.61
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	41	191.90	220.69
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	42	195.28	224.57

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	43	200.00	230.00
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	44	205.90	236.79
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	45	212.82	244.74
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	46	221.08	254.24
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	47	230.36	264.91
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	48	240.98	277.13
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	49	251.44	289.16
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	50	263.23	302.71
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	51	274.87	316.10
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	52	287.69	330.84
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	53	300.66	345.76
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	54	314.67	361.87
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	55	328.67	377.97
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	56	343.85	395.43
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	57	359.18	413.06
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	58	375.54	431.87
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	59	383.64	441.19
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	60	400.00	460.00
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	61	414.15	476.27
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	62	423.43	486.94
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	63	435.08	500.34
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	64	442.01	508.31
14002TN0320001	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	442.01	508.31

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	94.70	94.70
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	21	149.13	171.50
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	22	149.13	171.50
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	23	149.13	171.50
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	24	149.13	171.50
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	25	149.73	172.19
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	26	152.72	175.63
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	27	156.30	179.75
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	28	162.10	186.42
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	29	166.88	191.91
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	30	169.27	194.66
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	31	172.85	198.78
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	32	176.43	202.89
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	33	178.67	205.47
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	34	181.05	208.21
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	35	182.25	209.59
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	36	183.43	210.94
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	37	184.63	212.32
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	38	185.82	213.69
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	39	188.21	216.44
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	40	190.59	219.18
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	41	194.18	223.31
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	42	197.60	227.24

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	43	202.38	232.74
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	44	208.34	239.59
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	45	215.35	247.65
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	46	223.71	257.27
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	47	233.10	268.07
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	48	243.84	280.42
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	49	254.42	292.58
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	50	266.35	306.30
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	51	278.14	319.86
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	52	291.11	334.78
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	53	304.23	349.86
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	54	318.40	366.16
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	55	332.57	382.46
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	56	347.93	400.12
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	57	363.44	417.96
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	58	379.99	436.99
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	59	388.20	446.43
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	60	404.75	465.46
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	61	419.07	481.93
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	62	428.46	492.73
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	63	440.24	506.28
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	64	447.26	514.35
14002TN0320001	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	447.26	514.35

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	90.77	90.77
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	21	142.94	164.38
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	22	142.94	164.38
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	23	142.94	164.38
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	24	142.94	164.38
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	25	143.51	165.04
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	26	146.37	168.33
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	27	149.80	172.27
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	28	155.37	178.68
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	29	159.95	183.94
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	30	162.24	186.58
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	31	165.67	190.52
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	32	169.10	194.47
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	33	171.24	196.93
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	34	173.53	199.56
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	35	174.68	200.88
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	36	175.81	202.18
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	37	176.96	203.50
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	38	178.10	204.82
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	39	180.39	207.45
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	40	182.68	210.08
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	41	186.11	214.03
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	42	189.39	217.80

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	43	193.97	223.07
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	44	199.69	229.64
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	45	206.40	237.36
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	46	214.42	246.58
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	47	223.41	256.92
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	48	233.71	268.77
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	49	243.86	280.44
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	50	255.29	293.58
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	51	266.58	306.57
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	52	279.02	320.87
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	53	291.60	335.34
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	54	305.18	350.96
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	55	318.75	366.56
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	56	333.48	383.50
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	57	348.35	400.60
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	58	364.21	418.84
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	59	372.07	427.88
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	60	387.93	446.12
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	61	401.66	461.91
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	62	410.66	472.26
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	63	421.96	485.25
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	64	428.68	492.98
14002TN0320001	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	428.68	492.98

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	84.85	84.85
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	21	133.62	153.66
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	22	133.62	153.66
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	23	133.62	153.66
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	24	133.62	153.66
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	25	134.15	154.27
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	26	136.82	157.34
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	27	140.03	161.03
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	28	145.24	167.03
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	29	149.52	171.95
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	30	151.65	174.40
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	31	154.86	178.09
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	32	158.07	181.78
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	33	160.07	184.08
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	34	162.21	186.54
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	35	163.28	187.77
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	36	164.34	188.99
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	37	165.42	190.23
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	38	166.48	191.45
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	39	168.63	193.92
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	40	170.76	196.37
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	41	173.97	200.07
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	42	177.04	203.60

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	43	181.32	208.52
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	44	186.66	214.66
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	45	192.94	221.88
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	46	200.43	230.49
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	47	208.84	240.17
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	48	218.46	251.23
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	49	227.95	262.14
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	50	238.64	274.44
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	51	249.19	286.57
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	52	260.81	299.93
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	53	272.57	313.46
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	54	285.27	328.06
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	55	297.96	342.65
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	56	311.73	358.49
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	57	325.62	374.46
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	58	340.45	391.52
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	59	347.80	399.97
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	60	362.63	417.02
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	61	375.46	431.78
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	62	383.87	441.45
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	63	394.43	453.59
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	64	400.72	460.83
14002TN0320001	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	400.72	460.83

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	94.98	94.98
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	21	149.56	171.99
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	22	149.56	171.99
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	23	149.56	171.99
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	24	149.56	171.99
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	25	150.16	172.68
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	26	153.15	176.12
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	27	156.75	180.26
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	28	162.57	186.96
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	29	167.36	192.46
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	30	169.75	195.21
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	31	173.34	199.34
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	32	176.93	203.47
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	33	179.18	206.06
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	34	181.57	208.81
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	35	182.77	210.19
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	36	183.96	211.55
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	37	185.16	212.93
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	38	186.35	214.30
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	39	188.75	217.06
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	40	191.14	219.81
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	41	194.73	223.94
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	42	198.17	227.90

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	43	202.96	233.40
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	44	208.94	240.28
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	45	215.97	248.37
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	46	224.35	258.00
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	47	233.77	268.84
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	48	244.54	281.22
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	49	255.16	293.43
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	50	267.12	307.19
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	51	278.94	320.78
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	52	291.94	335.73
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	53	305.11	350.88
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	54	319.32	367.22
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	55	333.52	383.55
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	56	348.93	401.27
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	57	364.49	419.16
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	58	381.08	438.24
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	59	389.31	447.71
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	60	405.91	466.80
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	61	420.27	483.31
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	62	429.69	494.14
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	63	441.51	507.74
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	64	448.54	515.82
14002TN0320001	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	448.54	515.82

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	68.50	68.50
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	21	107.87	124.05
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	22	107.87	124.05
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	23	107.87	124.05
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	24	107.87	124.05
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	25	108.31	124.56
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	26	110.46	127.03
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	27	113.05	130.01
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	28	117.26	134.85
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	29	120.71	138.82
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	30	122.43	140.79
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	31	125.02	143.77
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	32	127.61	146.75
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	33	129.23	148.61
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	34	130.95	150.59
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	35	131.82	151.59
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	36	132.68	152.58
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	37	133.54	153.57
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	38	134.41	154.57
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	39	136.14	156.56
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	40	137.86	158.54
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	41	140.45	161.52
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	42	142.93	164.37

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	43	146.38	168.34
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	44	150.70	173.31
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	45	155.77	179.14
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	46	161.81	186.08
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	47	168.60	193.89
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	48	176.37	202.83
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	49	184.03	211.63
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	50	192.67	221.57
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	51	201.19	231.37
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	52	210.57	242.16
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	53	220.06	253.07
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	54	230.31	264.86
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	55	240.56	276.64
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	56	251.67	289.42
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	57	262.89	302.32
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	58	274.86	316.09
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	59	280.79	322.91
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	60	292.76	336.67
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	61	303.13	348.60
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	62	309.92	356.41
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	63	318.44	366.21
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	64	323.52	372.05
14002TN0320006	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	323.52	372.05

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	68.69	68.69
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	21	108.18	124.41
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	22	108.18	124.41
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	23	108.18	124.41
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	24	108.18	124.41
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	25	108.61	124.90
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	26	110.77	127.39
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	27	113.37	130.38
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	28	117.59	135.23
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	29	121.05	139.21
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	30	122.78	141.20
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	31	125.38	144.19
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	32	127.97	147.17
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	33	129.60	149.04
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	34	131.32	151.02
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	35	132.20	152.03
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	36	133.06	153.02
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	37	133.92	154.01
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	38	134.79	155.01
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	39	136.53	157.01
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	40	138.25	158.99
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	41	140.85	161.98
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	42	143.34	164.84

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	43	146.80	168.82
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	44	151.13	173.80
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	45	156.21	179.64
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	46	162.27	186.61
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	47	169.08	194.44
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	48	176.87	203.40
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	49	184.55	212.23
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	50	193.21	222.19
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	51	201.76	232.02
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	52	211.17	242.85
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	53	220.69	253.79
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	54	230.96	265.60
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	55	241.24	277.43
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	56	252.38	290.24
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	57	263.63	303.17
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	58	275.64	316.99
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	59	281.59	323.83
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	60	293.59	337.63
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	61	303.99	349.59
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	62	310.80	357.42
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	63	319.34	367.24
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	64	324.43	373.09
14002TN0320006	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	324.43	373.09

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	68.95	68.95
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	21	108.58	124.87
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	22	108.58	124.87
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	23	108.58	124.87
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	24	108.58	124.87
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	25	109.02	125.37
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	26	111.19	127.87
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	27	113.80	130.87
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	28	118.03	135.73
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	29	121.51	139.74
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	30	123.24	141.73
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	31	125.85	144.73
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	32	128.45	147.72
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	33	130.09	149.60
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	34	131.82	151.59
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	35	132.69	152.59
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	36	133.56	153.59
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	37	134.42	154.58
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	38	135.30	155.60
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	39	137.04	157.60
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	40	138.77	159.59
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	41	141.38	162.59
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	42	143.88	165.46

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	43	147.35	169.45
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	44	151.69	174.44
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	45	156.80	180.32
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	46	162.88	187.31
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	47	169.72	195.18
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	48	177.53	204.16
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	49	185.24	213.03
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	50	193.94	223.03
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	51	202.51	232.89
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	52	211.96	243.75
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	53	221.52	254.75
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	54	231.82	266.59
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	55	242.14	278.46
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	56	253.33	291.33
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	57	264.62	304.31
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	58	276.67	318.17
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	59	282.65	325.05
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	60	294.70	338.91
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	61	305.13	350.90
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	62	311.97	358.77
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	63	320.54	368.62
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	64	325.65	374.50
14002TN0320006	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	325.65	374.50

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	70.80	70.80
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	21	111.50	128.23
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	22	111.50	128.23
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	23	111.50	128.23
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	24	111.50	128.23
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	25	111.95	128.74
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	26	114.18	131.31
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	27	116.86	134.39
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	28	121.20	139.38
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	29	124.78	143.50
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	30	126.55	145.53
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	31	129.23	148.61
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	32	131.91	151.70
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	33	133.58	153.62
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	34	135.36	155.66
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	35	136.26	156.70
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	36	137.15	157.72
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	37	138.04	158.75
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	38	138.94	159.78
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	39	140.72	161.83
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	40	142.50	163.88
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	41	145.18	166.96
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	42	147.75	169.91

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	43	151.31	174.01
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	44	155.77	179.14
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	45	161.02	185.17
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	46	167.26	192.35
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	47	174.28	200.42
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	48	182.31	209.66
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	49	190.23	218.76
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	50	199.15	229.02
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	51	207.96	239.15
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	52	217.66	250.31
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	53	227.47	261.59
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	54	238.06	273.77
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	55	248.65	285.95
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	56	260.14	299.16
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	57	271.74	312.50
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	58	284.11	326.73
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	59	290.25	333.79
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	60	302.62	348.01
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	61	313.33	360.33
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	62	320.35	368.40
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	63	329.16	378.53
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	64	334.41	384.57
14002TN0320006	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	334.41	384.57

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	78.78	78.78
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	21	124.07	142.68
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	22	124.07	142.68
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	23	124.07	142.68
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	24	124.07	142.68
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	25	124.57	143.26
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	26	127.05	146.11
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	27	130.02	149.52
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	28	134.86	155.09
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	29	138.84	159.67
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	30	140.81	161.93
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	31	143.79	165.36
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	32	146.77	168.79
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	33	148.64	170.94
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	34	150.62	173.21
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	35	151.61	174.35
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	36	152.60	175.49
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	37	153.59	176.63
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	38	154.59	177.78
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	39	156.58	180.07
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	40	158.56	182.34
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	41	161.54	185.77
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	42	164.39	189.05

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	43	168.36	193.61
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	44	173.33	199.33
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	45	179.16	206.03
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	46	186.10	214.02
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	47	193.92	223.01
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	48	202.85	233.28
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	49	211.66	243.41
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	50	221.59	254.83
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	51	231.39	266.10
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	52	242.18	278.51
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	53	253.10	291.07
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	54	264.88	304.61
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	55	276.67	318.17
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	56	289.45	332.87
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	57	302.36	347.71
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	58	316.13	363.55
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	59	322.95	371.39
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	60	336.72	387.23
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	61	348.64	400.94
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	62	356.45	409.92
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	63	366.25	421.19
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	64	372.09	427.90
14002TN0320002	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	372.09	427.90

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	74.05	74.05
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	21	116.62	134.11
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	22	116.62	134.11
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	23	116.62	134.11
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	24	116.62	134.11
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	25	117.09	134.65
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	26	119.42	137.33
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	27	122.22	140.55
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	28	126.76	145.77
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	29	130.50	150.08
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	30	132.36	152.21
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	31	135.16	155.43
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	32	137.96	158.65
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	33	139.71	160.67
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	34	141.57	162.81
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	35	142.51	163.89
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	36	143.44	164.96
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	37	144.37	166.03
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	38	145.31	167.11
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	39	147.18	169.26
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	40	149.04	171.40
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	41	151.84	174.62
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	42	154.52	177.70

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	43	158.25	181.99
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	44	162.92	187.36
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	45	168.40	193.66
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	46	174.93	201.17
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	47	182.27	209.61
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	48	190.67	219.27
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	49	198.95	228.79
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	50	208.29	239.53
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	51	217.50	250.13
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	52	227.64	261.79
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	53	237.91	273.60
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	54	248.98	286.33
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	55	260.06	299.07
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	56	272.07	312.88
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	57	284.21	326.84
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	58	297.15	341.72
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	59	303.56	349.09
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	60	316.50	363.98
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	61	327.71	376.87
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	62	335.05	385.31
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	63	344.26	395.90
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	64	349.75	402.21
14002TN0320002	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	349.75	402.21

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	76.32	76.32
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	21	120.20	138.23
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	22	120.20	138.23
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	23	120.20	138.23
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	24	120.20	138.23
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	25	120.68	138.78
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	26	123.08	141.54
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	27	125.97	144.87
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	28	130.65	150.25
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	29	134.50	154.68
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	30	136.42	156.88
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	31	139.31	160.21
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	32	142.19	163.52
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	33	144.00	165.60
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	34	145.92	167.81
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	35	146.88	168.91
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	36	147.84	170.02
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	37	148.80	171.12
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	38	149.77	172.24
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	39	151.70	174.46
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	40	153.61	176.65
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	41	156.50	179.98
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	42	159.26	183.15

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	43	163.11	187.58
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	44	167.92	193.11
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	45	173.57	199.61
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	46	180.30	207.35
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	47	187.87	216.05
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	48	196.52	226.00
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	49	205.06	235.82
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	50	214.68	246.88
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	51	224.17	257.80
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	52	234.63	269.82
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	53	245.21	281.99
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	54	256.62	295.11
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	55	268.04	308.25
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	56	280.42	322.48
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	57	292.93	336.87
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	58	306.26	352.20
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	59	312.88	359.81
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	60	326.21	375.14
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	61	337.76	388.42
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	62	345.33	397.13
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	63	354.83	408.05
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	64	360.48	414.55
14002TN0320002	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	360.48	414.55

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	81.11	81.11
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	21	127.75	146.91
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	22	127.75	146.91
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	23	127.75	146.91
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	24	127.75	146.91
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	25	128.26	147.50
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	26	130.81	150.43
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	27	133.88	153.96
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	28	138.86	159.69
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	29	142.95	164.39
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	30	144.99	166.74
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	31	148.05	170.26
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	32	151.12	173.79
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	33	153.04	176.00
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	34	155.08	178.34
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	35	156.11	179.53
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	36	157.13	180.70
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	37	158.15	181.87
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	38	159.17	183.05
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	39	161.22	185.40
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	40	163.26	187.75
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	41	166.32	191.27
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	42	169.27	194.66

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	43	173.35	199.35
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	44	178.46	205.23
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	45	184.47	212.14
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	46	191.62	220.36
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	47	199.66	229.61
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	48	208.86	240.19
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	49	217.93	250.62
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	50	228.16	262.38
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	51	238.25	273.99
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	52	249.36	286.76
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	53	260.61	299.70
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	54	272.74	313.65
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	55	284.87	327.60
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	56	298.03	342.73
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	57	311.32	358.02
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	58	325.50	374.33
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	59	332.52	382.40
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	60	346.70	398.71
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	61	358.97	412.82
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	62	367.02	422.07
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	63	377.11	433.68
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	64	383.12	440.59
14002TN0320002	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	383.12	440.59

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	82.08	82.08
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	21	129.26	148.65
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	22	129.26	148.65
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	23	129.26	148.65
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	24	129.26	148.65
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	25	129.78	149.25
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	26	132.37	152.23
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	27	135.47	155.79
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	28	140.51	161.59
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	29	144.65	166.35
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	30	146.71	168.72
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	31	149.81	172.28
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	32	152.91	175.85
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	33	154.86	178.09
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	34	156.92	180.46
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	35	157.96	181.65
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	36	158.99	182.84
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	37	160.02	184.02
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	38	161.06	185.22
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	39	163.14	187.61
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	40	165.20	189.98
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	41	168.30	193.55
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	42	171.28	196.97

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	43	175.41	201.72
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	44	180.58	207.67
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	45	186.66	214.66
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	46	193.89	222.97
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	47	202.03	232.33
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	48	211.34	243.04
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	49	220.52	253.60
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	50	230.87	265.50
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	51	241.08	277.24
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	52	252.32	290.17
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	53	263.70	303.26
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	54	275.97	317.37
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	55	288.26	331.50
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	56	301.57	346.81
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	57	315.02	362.27
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	58	329.36	378.76
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	59	336.47	386.94
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	60	350.82	403.44
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	61	363.23	417.71
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	62	371.37	427.08
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	63	381.59	438.83
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	64	387.66	445.81
14002TN0320002	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	387.66	445.81

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	78.67	78.67
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	21	123.89	142.47
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	22	123.89	142.47
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	23	123.89	142.47
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	24	123.89	142.47
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	25	124.39	143.05
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	26	126.87	145.90
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	27	129.84	149.32
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	28	134.67	154.87
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	29	138.64	159.44
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	30	140.62	161.71
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	31	143.59	165.13
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	32	146.56	168.54
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	33	148.43	170.69
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	34	150.40	172.96
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	35	151.40	174.11
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	36	152.39	175.25
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	37	153.38	176.39
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	38	154.37	177.53
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	39	156.36	179.81
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	40	158.33	182.08
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	41	161.31	185.51
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	42	164.16	188.78

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	43	168.12	193.34
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	44	173.08	199.04
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	45	178.91	205.75
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	46	185.84	213.72
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	47	193.64	222.69
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	48	202.56	232.94
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	49	211.36	243.06
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	50	221.28	254.47
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	51	231.07	265.73
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	52	241.84	278.12
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	53	252.75	290.66
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	54	264.51	304.19
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	55	276.28	317.72
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	56	289.04	332.40
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	57	301.93	347.22
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	58	315.68	363.03
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	59	322.50	370.88
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	60	336.24	386.68
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	61	348.15	400.37
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	62	355.95	409.34
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	63	365.74	420.60
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	64	371.56	427.29
14002TN0320002	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	371.56	427.29

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	73.54	73.54
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	21	115.81	133.18
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	22	115.81	133.18
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	23	115.81	133.18
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	24	115.81	133.18
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	25	116.28	133.72
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	26	118.59	136.38
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	27	121.37	139.58
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	28	125.88	144.76
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	29	129.60	149.04
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	30	131.44	151.16
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	31	134.22	154.35
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	32	137.00	157.55
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	33	138.74	159.55
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	34	140.59	161.68
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	35	141.52	162.75
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	36	142.45	163.82
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	37	143.37	164.88
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	38	144.30	165.95
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	39	146.16	168.08
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	40	148.01	170.21
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	41	150.78	173.40
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	42	153.45	176.47

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	43	157.15	180.72
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	44	161.79	186.06
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	45	167.24	192.33
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	46	173.72	199.78
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	47	181.01	208.16
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	48	189.35	217.75
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	49	197.57	227.21
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	50	206.84	237.87
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	51	215.99	248.39
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	52	226.07	259.98
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	53	236.26	271.70
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	54	247.25	284.34
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	55	258.26	297.00
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	56	270.19	310.72
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	57	282.24	324.58
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	58	295.09	339.35
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	59	301.46	346.68
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	60	314.31	361.46
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	61	325.43	374.24
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	62	332.73	382.64
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	63	341.88	393.16
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	64	347.32	399.42
14002TN0320002	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	347.32	399.42

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	82.31	82.31
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	21	129.63	149.07
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	22	129.63	149.07
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	23	129.63	149.07
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	24	129.63	149.07
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	25	130.16	149.68
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	26	132.75	152.66
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	27	135.86	156.24
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	28	140.91	162.05
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	29	145.06	166.82
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	30	147.13	169.20
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	31	150.24	172.78
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	32	153.35	176.35
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	33	155.30	178.60
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	34	157.37	180.98
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	35	158.42	182.18
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	36	159.45	183.37
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	37	160.48	184.55
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	38	161.53	185.76
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	39	163.60	188.14
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	40	165.67	190.52
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	41	168.78	194.10
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	42	171.77	197.54

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	43	175.91	202.30
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	44	181.10	208.27
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	45	187.20	215.28
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	46	194.45	223.62
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	47	202.62	233.01
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	48	211.95	243.74
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	49	221.16	254.33
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	50	231.53	266.26
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	51	241.77	278.04
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	52	253.05	291.01
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	53	264.46	304.13
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	54	276.77	318.29
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	55	289.08	332.44
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	56	302.44	347.81
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	57	315.92	363.31
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	58	330.31	379.86
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	59	337.44	388.06
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	60	351.82	404.59
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	61	364.28	418.92
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	62	372.44	428.31
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	63	382.68	440.08
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	64	388.78	447.10
14002TN0320002	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	388.78	447.10

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	75.86	75.86
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	21	119.47	137.39
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	22	119.47	137.39
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	23	119.47	137.39
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	24	119.47	137.39
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	25	119.95	137.94
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	26	122.34	140.69
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	27	125.20	143.98
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	28	129.87	149.35
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	29	133.69	153.74
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	30	135.60	155.94
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	31	138.47	159.24
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	32	141.34	162.54
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	33	143.12	164.59
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	34	145.04	166.80
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	35	145.99	167.89
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	36	146.95	168.99
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	37	147.90	170.09
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	38	148.86	171.19
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	39	150.77	173.39
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	40	152.68	175.58
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	41	155.55	178.88
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	42	158.30	182.05

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	43	162.12	186.44
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	44	166.90	191.94
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	45	172.51	198.39
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	46	179.21	206.09
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	47	186.73	214.74
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	48	195.33	224.63
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	49	203.82	234.39
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	50	213.38	245.39
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	51	222.81	256.23
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	52	233.21	268.19
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	53	243.72	280.28
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	54	255.07	293.33
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	55	266.42	306.38
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	56	278.73	320.54
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	57	291.15	334.82
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	58	304.41	350.07
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	59	310.98	357.63
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	60	324.25	372.89
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	61	335.71	386.07
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	62	343.24	394.73
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	63	352.68	405.58
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	64	358.29	412.03
14002TN0320007	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	358.29	412.03

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	76.08	76.08
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	21	119.81	137.78
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	22	119.81	137.78
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	23	119.81	137.78
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	24	119.81	137.78
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	25	120.29	138.33
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	26	122.68	141.08
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	27	125.56	144.39
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	28	130.24	149.78
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	29	134.07	154.18
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	30	135.99	156.39
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	31	138.86	159.69
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	32	141.74	163.00
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	33	143.53	165.06
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	34	145.45	167.27
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	35	146.40	168.36
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	36	147.36	169.46
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	37	148.32	170.57
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	38	149.28	171.67
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	39	151.20	173.88
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	40	153.11	176.08
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	41	155.99	179.39
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	42	158.75	182.56

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	43	162.58	186.97
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	44	167.37	192.48
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	45	173.00	198.95
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	46	179.72	206.68
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	47	187.26	215.35
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	48	195.89	225.27
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	49	204.40	235.06
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	50	213.98	246.08
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	51	223.44	256.96
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	52	233.87	268.95
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	53	244.41	281.07
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	54	255.79	294.16
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	55	267.17	307.25
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	56	279.52	321.45
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	57	291.97	335.77
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	58	305.27	351.06
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	59	311.86	358.64
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	60	325.16	373.93
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	61	336.66	387.16
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	62	344.21	395.84
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	63	353.68	406.73
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	64	359.30	413.20
14002TN0320007	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	359.30	413.20

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	76.36	76.36
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	21	120.26	138.30
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	22	120.26	138.30
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	23	120.26	138.30
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	24	120.26	138.30
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	25	120.74	138.85
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	26	123.14	141.61
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	27	126.03	144.93
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	28	130.73	150.34
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	29	134.57	154.76
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	30	136.50	156.98
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	31	139.38	160.29
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	32	142.27	163.61
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	33	144.07	165.68
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	34	145.99	167.89
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	35	146.95	168.99
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	36	147.92	170.11
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	37	148.88	171.21
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	38	149.84	172.32
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	39	151.76	174.52
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	40	153.69	176.74
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	41	156.57	180.06
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	42	159.34	183.24

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	43	163.19	187.67
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	44	168.00	193.20
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	45	173.65	199.70
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	46	180.39	207.45
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	47	187.96	216.15
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	48	196.62	226.11
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	49	205.16	235.93
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	50	214.78	247.00
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	51	224.28	257.92
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	52	234.75	269.96
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	53	245.33	282.13
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	54	256.75	295.26
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	55	268.17	308.40
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	56	280.56	322.64
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	57	293.07	337.03
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	58	306.42	352.38
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	59	313.03	359.98
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	60	326.38	375.34
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	61	337.93	388.62
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	62	345.50	397.33
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	63	355.00	408.25
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	64	360.65	414.75
14002TN0320007	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	360.65	414.75

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	78.42	78.42
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	21	123.49	142.01
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	22	123.49	142.01
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	23	123.49	142.01
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	24	123.49	142.01
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	25	123.99	142.59
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	26	126.46	145.43
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	27	129.42	148.83
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	28	134.24	154.38
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	29	138.19	158.92
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	30	140.17	161.20
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	31	143.13	164.60
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	32	146.09	168.00
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	33	147.94	170.13
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	34	149.92	172.41
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	35	150.91	173.55
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	36	151.89	174.67
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	37	152.88	175.81
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	38	153.87	176.95
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	39	155.84	179.22
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	40	157.82	181.49
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	41	160.78	184.90
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	42	163.63	188.17

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	43	167.58	192.72
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	44	172.52	198.40
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	45	178.32	205.07
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	46	185.24	213.03
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	47	193.02	221.97
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	48	201.91	232.20
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	49	210.68	242.28
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	50	220.56	253.64
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	51	230.31	264.86
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	52	241.06	277.22
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	53	251.92	289.71
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	54	263.66	303.21
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	55	275.39	316.70
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	56	288.11	331.33
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	57	300.95	346.09
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	58	314.66	361.86
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	59	321.45	369.67
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	60	335.16	385.43
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	61	347.01	399.06
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	62	354.79	408.01
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	63	364.55	419.23
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	64	370.35	425.90
14002TN0320007	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	370.35	425.90

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	87.25	87.25
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	21	137.41	158.02
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	22	137.41	158.02
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	23	137.41	158.02
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	24	137.41	158.02
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	25	137.96	158.65
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	26	140.70	161.81
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	27	144.00	165.60
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	28	149.37	171.78
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	29	153.76	176.82
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	30	155.96	179.35
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	31	159.26	183.15
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	32	162.56	186.94
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	33	164.61	189.30
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	34	166.81	191.83
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	35	167.91	193.10
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	36	169.01	194.36
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	37	170.11	195.63
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	38	171.21	196.89
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	39	173.41	199.42
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	40	175.60	201.94
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	41	178.90	205.74
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	42	182.07	209.38

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	43	186.46	214.43
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	44	191.96	220.75
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	45	198.41	228.17
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	46	206.12	237.04
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	47	214.77	246.99
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	48	224.66	258.36
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	49	234.42	269.58
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	50	245.41	282.22
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	51	256.26	294.70
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	52	268.22	308.45
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	53	280.31	322.36
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	54	293.37	337.38
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	55	306.42	352.38
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	56	320.57	368.66
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	57	334.86	385.09
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	58	350.12	402.64
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	59	357.67	411.32
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	60	372.93	428.87
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	61	386.12	444.04
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	62	394.77	453.99
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	63	405.63	466.47
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	64	412.08	473.89
14002TN0320003	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	412.08	473.89

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	82.01	82.01
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	21	129.16	148.53
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	22	129.16	148.53
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	23	129.16	148.53
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	24	129.16	148.53
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	25	129.67	149.12
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	26	132.26	152.10
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	27	135.36	155.66
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	28	140.40	161.46
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	29	144.53	166.21
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	30	146.60	168.59
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	31	149.70	172.16
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	32	152.79	175.71
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	33	154.73	177.94
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	34	156.80	180.32
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	35	157.83	181.50
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	36	158.86	182.69
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	37	159.89	183.87
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	38	160.93	185.07
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	39	162.99	187.44
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	40	165.06	189.82
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	41	168.16	193.38
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	42	171.14	196.81

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	43	175.27	201.56
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	44	180.43	207.49
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	45	186.50	214.48
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	46	193.74	222.80
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	47	201.87	232.15
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	48	211.17	242.85
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	49	220.35	253.40
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	50	230.68	265.28
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	51	240.88	277.01
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	52	252.12	289.94
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	53	263.48	303.00
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	54	275.75	317.11
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	55	288.02	331.22
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	56	301.33	346.53
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	57	314.76	361.97
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	58	329.10	378.47
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	59	336.20	386.63
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	60	350.54	403.12
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	61	362.93	417.37
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	62	371.07	426.73
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	63	381.27	438.46
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	64	387.34	445.44
14002TN0320003	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	387.34	445.44

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	84.53	84.53
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	21	133.12	153.09
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	22	133.12	153.09
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	23	133.12	153.09
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	24	133.12	153.09
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	25	133.65	153.70
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	26	136.31	156.76
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	27	139.51	160.44
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	28	144.71	166.42
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	29	148.97	171.32
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	30	151.09	173.75
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	31	154.29	177.43
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	32	157.48	181.10
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	33	159.48	183.40
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	34	161.61	185.85
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	35	162.67	187.07
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	36	163.74	188.30
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	37	164.80	189.52
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	38	165.87	190.75
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	39	168.00	193.20
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	40	170.12	195.64
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	41	173.32	199.32
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	42	176.39	202.85

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	43	180.65	207.75
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	44	185.97	213.87
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	45	192.22	221.05
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	46	199.69	229.64
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	47	208.07	239.28
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	48	217.65	250.30
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	49	227.11	261.18
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	50	237.75	273.41
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	51	248.27	285.51
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	52	259.85	298.83
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	53	271.56	312.29
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	54	284.22	326.85
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	55	296.86	341.39
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	56	310.57	357.16
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	57	324.41	373.07
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	58	339.19	390.07
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	59	346.51	398.49
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	60	361.29	415.48
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	61	374.07	430.18
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	62	382.45	439.82
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	63	392.97	451.92
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	64	399.23	459.11
14002TN0320003	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	399.23	459.11

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	89.84	89.84
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	21	141.48	162.70
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	22	141.48	162.70
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	23	141.48	162.70
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	24	141.48	162.70
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	25	142.05	163.36
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	26	144.88	166.61
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	27	148.27	170.51
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	28	153.79	176.86
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	29	158.32	182.07
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	30	160.58	184.67
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	31	163.98	188.58
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	32	167.37	192.48
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	33	169.49	194.91
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	34	171.76	197.52
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	35	172.89	198.82
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	36	174.02	200.12
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	37	175.15	201.42
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	38	176.28	202.72
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	39	178.55	205.33
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	40	180.81	207.93
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	41	184.20	211.83
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	42	187.46	215.58

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	43	191.99	220.79
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	44	197.65	227.30
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	45	204.29	234.93
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	46	212.23	244.06
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	47	221.13	254.30
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	48	231.32	266.02
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	49	241.37	277.58
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	50	252.69	290.59
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	51	263.86	303.44
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	52	276.17	317.60
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	53	288.62	331.91
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	54	302.06	347.37
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	55	315.50	362.83
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	56	330.08	379.59
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	57	344.79	396.51
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	58	360.50	414.58
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	59	368.27	423.51
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	60	383.98	441.58
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	61	397.56	457.19
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	62	406.47	467.44
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	63	417.65	480.30
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	64	424.30	487.95
14002TN0320003	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	424.30	487.95

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	90.90	90.90
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	21	143.16	164.63
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	22	143.16	164.63
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	23	143.16	164.63
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	24	143.16	164.63
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	25	143.73	165.29
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	26	146.59	168.58
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	27	150.03	172.53
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	28	155.62	178.96
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	29	160.20	184.23
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	30	162.49	186.86
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	31	165.92	190.81
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	32	169.36	194.76
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	33	171.50	197.23
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	34	173.79	199.86
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	35	174.94	201.18
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	36	176.08	202.49
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	37	177.23	203.81
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	38	178.37	205.13
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	39	180.66	207.76
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	40	182.95	210.39
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	41	186.39	214.35
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	42	189.69	218.14

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	43	194.27	223.41
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	44	199.99	229.99
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	45	206.72	237.73
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	46	214.74	246.95
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	47	223.76	257.32
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	48	234.06	269.17
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	49	244.23	280.86
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	50	255.68	294.03
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	51	266.99	307.04
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	52	279.45	321.37
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	53	292.04	335.85
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	54	305.65	351.50
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	55	319.24	367.13
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	56	333.99	384.09
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	57	348.88	401.21
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	58	364.77	419.49
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	59	372.64	428.54
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	60	388.54	446.82
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	61	402.28	462.62
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	62	411.29	472.98
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	63	422.61	486.00
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	64	429.33	493.73
14002TN0320003	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	429.33	493.73

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	87.13	87.13
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	21	137.21	157.79
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	22	137.21	157.79
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	23	137.21	157.79
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	24	137.21	157.79
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	25	137.76	158.42
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	26	140.51	161.59
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	27	143.80	165.37
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	28	149.16	171.53
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	29	153.55	176.58
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	30	155.74	179.10
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	31	159.03	182.88
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	32	162.33	186.68
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	33	164.38	189.04
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	34	166.58	191.57
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	35	167.67	192.82
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	36	168.77	194.09
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	37	169.87	195.35
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	38	170.97	196.62
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	39	173.16	199.13
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	40	175.36	201.66
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	41	178.65	205.45
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	42	181.81	209.08

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	43	186.20	214.13
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	44	191.69	220.44
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	45	198.13	227.85
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	46	205.83	236.70
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	47	214.47	246.64
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	48	224.34	257.99
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	49	234.09	269.20
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	50	245.06	281.82
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	51	255.90	294.29
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	52	267.84	308.02
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	53	279.91	321.90
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	54	292.95	336.89
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	55	305.98	351.88
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	56	320.12	368.14
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	57	334.39	384.55
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	58	349.62	402.06
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	59	357.17	410.75
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	60	372.40	428.26
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	61	385.57	443.41
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	62	394.21	453.34
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	63	405.06	465.82
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	64	411.50	473.23
14002TN0320003	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	411.50	473.23

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	81.45	81.45
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	21	128.26	147.50
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	22	128.26	147.50
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	23	128.26	147.50
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	24	128.26	147.50
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	25	128.78	148.10
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	26	131.34	151.04
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	27	134.42	154.58
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	28	139.43	160.34
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	29	143.53	165.06
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	30	145.58	167.42
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	31	148.66	170.96
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	32	151.74	174.50
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	33	153.66	176.71
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	34	155.71	179.07
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	35	156.73	180.24
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	36	157.76	181.42
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	37	158.79	182.61
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	38	159.81	183.78
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	39	161.86	186.14
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	40	163.92	188.51
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	41	166.99	192.04
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	42	169.95	195.44

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	43	174.05	200.16
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	44	179.18	206.06
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	45	185.21	212.99
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	46	192.40	221.26
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	47	200.47	230.54
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	48	209.71	241.17
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	49	218.82	251.64
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	50	229.08	263.44
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	51	239.21	275.09
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	52	250.37	287.93
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	53	261.65	300.90
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	54	273.84	314.92
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	55	286.02	328.92
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	56	299.24	344.13
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	57	312.57	359.46
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	58	326.82	375.84
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	59	333.87	383.95
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	60	348.11	400.33
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	61	360.42	414.48
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	62	368.49	423.76
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	63	378.63	435.42
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	64	384.66	442.36
14002TN0320003	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	384.66	442.36

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	91.17	91.17
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	21	143.57	165.11
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	22	143.57	165.11
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	23	143.57	165.11
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	24	143.57	165.11
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	25	144.15	165.77
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	26	147.02	169.07
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	27	150.46	173.03
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	28	156.07	179.48
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	29	160.66	184.76
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	30	162.96	187.40
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	31	166.40	191.36
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	32	169.85	195.33
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	33	172.00	197.80
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	34	174.29	200.43
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	35	175.44	201.76
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	36	176.59	203.08
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	37	177.74	204.40
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	38	178.89	205.72
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	39	181.18	208.36
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	40	183.48	211.00
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	41	186.93	214.97
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	42	190.23	218.76

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	43	194.83	224.05
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	44	200.57	230.66
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	45	207.31	238.41
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	46	215.36	247.66
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	47	224.40	258.06
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	48	234.74	269.95
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	49	244.94	281.68
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	50	256.42	294.88
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	51	267.76	307.92
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	52	280.25	322.29
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	53	292.88	336.81
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	54	306.53	352.51
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	55	320.16	368.18
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	56	334.95	385.19
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	57	349.88	402.36
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	58	365.82	420.69
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	59	373.71	429.77
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	60	389.66	448.11
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	61	403.43	463.94
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	62	412.48	474.35
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	63	423.82	487.39
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	64	430.57	495.16
14002TN0320003	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	430.57	495.16

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	73.36	73.36
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	21	115.53	132.86
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	22	115.53	132.86
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	23	115.53	132.86
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	24	115.53	132.86
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	25	115.99	133.39
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	26	118.30	136.05
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	27	121.07	139.23
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	28	125.58	144.42
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	29	129.28	148.67
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	30	131.12	150.79
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	31	133.90	153.99
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	32	136.67	157.17
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	33	138.40	159.16
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	34	140.25	161.29
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	35	141.17	162.35
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	36	142.10	163.42
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	37	143.02	164.47
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	38	143.95	165.54
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	39	145.79	167.66
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	40	147.64	169.79
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	41	150.41	172.97
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	42	153.07	176.03

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	43	156.77	180.29
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	44	161.39	185.60
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	45	166.82	191.84
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	46	173.29	199.28
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	47	180.57	207.66
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	48	188.89	217.22
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	49	197.09	226.65
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	50	206.33	237.28
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	51	215.46	247.78
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	52	225.51	259.34
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	53	235.67	271.02
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	54	246.65	283.65
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	55	257.63	296.27
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	56	269.53	309.96
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	57	281.54	323.77
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	58	294.36	338.51
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	59	300.71	345.82
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	60	313.54	360.57
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	61	324.63	373.32
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	62	331.91	381.70
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	63	341.04	392.20
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	64	346.47	398.44
14002TN0320008	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	346.47	398.44

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	73.57	73.57
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	21	115.85	133.23
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	22	115.85	133.23
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	23	115.85	133.23
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	24	115.85	133.23
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	25	116.32	133.77
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	26	118.63	136.42
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	27	121.41	139.62
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	28	125.93	144.82
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	29	129.64	149.09
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	30	131.49	151.21
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	31	134.28	154.42
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	32	137.06	157.62
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	33	138.79	159.61
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	34	140.65	161.75
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	35	141.57	162.81
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	36	142.50	163.88
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	37	143.43	164.94
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	38	144.36	166.01
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	39	146.20	168.13
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	40	148.06	170.27
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	41	150.84	173.47
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	42	153.50	176.53

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	43	157.22	180.80
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	44	161.85	186.13
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	45	167.29	192.38
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	46	173.78	199.85
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	47	181.08	208.24
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	48	189.42	217.83
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	49	197.65	227.30
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	50	206.91	237.95
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	51	216.07	248.48
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	52	226.15	260.07
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	53	236.34	271.79
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	54	247.34	284.44
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	55	258.36	297.11
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	56	270.29	310.83
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	57	282.34	324.69
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	58	295.20	339.48
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	59	301.56	346.79
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	60	314.42	361.58
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	61	325.55	374.38
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	62	332.85	382.78
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	63	342.00	393.30
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	64	347.45	399.57
14002TN0320008	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	347.45	399.57

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	73.84	73.84
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	21	116.29	133.73
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	22	116.29	133.73
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	23	116.29	133.73
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	24	116.29	133.73
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	25	116.75	134.26
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	26	119.08	136.94
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	27	121.87	140.15
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	28	126.41	145.37
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	29	130.13	149.65
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	30	131.98	151.78
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	31	134.78	155.00
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	32	137.57	158.21
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	33	139.31	160.21
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	34	141.17	162.35
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	35	142.10	163.42
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	36	143.04	164.50
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	37	143.96	165.55
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	38	144.90	166.64
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	39	146.75	168.76
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	40	148.62	170.91
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	41	151.40	174.11
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	42	154.08	177.19

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	43	157.81	181.48
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	44	162.46	186.83
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	45	167.92	193.11
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	46	174.44	200.61
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	47	181.76	209.02
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	48	190.13	218.65
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	49	198.39	228.15
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	50	207.69	238.84
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	51	216.88	249.41
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	52	227.00	261.05
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	53	237.23	272.81
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	54	248.27	285.51
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	55	259.33	298.23
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	56	271.30	312.00
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	57	283.40	325.91
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	58	296.30	340.75
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	59	302.70	348.11
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	60	315.60	362.94
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	61	326.77	375.79
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	62	334.10	384.22
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	63	343.29	394.78
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	64	348.75	401.06
14002TN0320008	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	348.75	401.06

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	75.83	75.83
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	21	119.42	137.33
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	22	119.42	137.33
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	23	119.42	137.33
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	24	119.42	137.33
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	25	119.89	137.87
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	26	122.28	140.62
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	27	125.14	143.91
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	28	129.80	149.27
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	29	133.63	153.67
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	30	135.53	155.86
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	31	138.41	159.17
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	32	141.27	162.46
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	33	143.06	164.52
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	34	144.97	166.72
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	35	145.92	167.81
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	36	146.88	168.91
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	37	147.83	170.00
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	38	148.80	171.12
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	39	150.70	173.31
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	40	152.61	175.50
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	41	155.48	178.80
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	42	158.22	181.95

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	43	162.05	186.36
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	44	166.83	191.85
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	45	172.44	198.31
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	46	179.13	206.00
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	47	186.64	214.64
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	48	195.25	224.54
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	49	203.72	234.28
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	50	213.28	245.27
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	51	222.71	256.12
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	52	233.10	268.07
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	53	243.61	280.15
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	54	254.95	293.19
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	55	266.30	306.25
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	56	278.60	320.39
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	57	291.02	334.67
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	58	304.27	349.91
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	59	310.84	357.47
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	60	324.09	372.70
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	61	335.56	385.89
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	62	343.08	394.54
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	63	352.52	405.40
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	64	358.13	411.85
14002TN0320008	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	358.13	411.85

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	84.37	84.37
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	21	132.87	152.80
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	22	132.87	152.80
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	23	132.87	152.80
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	24	132.87	152.80
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	25	133.40	153.41
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	26	136.06	156.47
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	27	139.25	160.14
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	28	144.43	166.09
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	29	148.69	170.99
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	30	150.81	173.43
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	31	154.00	177.10
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	32	157.19	180.77
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	33	159.18	183.06
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	34	161.31	185.51
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	35	162.37	186.73
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	36	163.43	187.94
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	37	164.49	189.16
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	38	165.56	190.39
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	39	167.68	192.83
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	40	169.81	195.28
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	41	173.00	198.95
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	42	176.05	202.46

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	43	180.31	207.36
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	44	185.62	213.46
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	45	191.87	220.65
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	46	199.31	229.21
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	47	207.67	238.82
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	48	217.25	249.84
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	49	226.68	260.68
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	50	237.31	272.91
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	51	247.81	284.98
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	52	259.37	298.28
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	53	271.06	311.72
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	54	283.68	326.23
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	55	296.31	340.76
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	56	309.99	356.49
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	57	323.81	372.38
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	58	338.56	389.34
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	59	345.86	397.74
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	60	360.61	414.70
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	61	373.37	429.38
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	62	381.74	439.00
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	63	392.24	451.08
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	64	398.48	458.25
14002TN0320004	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	398.48	458.25

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	79.31	79.31
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	21	124.89	143.62
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	22	124.89	143.62
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	23	124.89	143.62
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	24	124.89	143.62
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	25	125.39	144.20
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	26	127.89	147.07
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	27	130.89	150.52
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	28	135.76	156.12
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	29	139.76	160.72
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	30	141.75	163.01
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	31	144.76	166.47
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	32	147.75	169.91
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	33	149.62	172.06
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	34	151.62	174.36
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	35	152.62	175.51
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	36	153.62	176.66
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	37	154.62	177.81
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	38	155.62	178.96
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	39	157.61	181.25
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	40	159.61	183.55
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	41	162.61	187.00
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	42	165.48	190.30

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	43	169.48	194.90
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	44	174.48	200.65
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	45	180.35	207.40
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	46	187.35	215.45
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	47	195.21	224.49
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	48	204.20	234.83
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	49	213.07	245.03
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	50	223.06	256.52
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	51	232.93	267.87
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	52	243.80	280.37
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	53	254.78	293.00
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	54	266.64	306.64
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	55	278.52	320.30
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	56	291.38	335.09
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	57	304.37	350.03
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	58	318.23	365.96
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	59	325.10	373.87
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	60	338.96	389.80
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	61	350.95	403.59
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	62	358.82	412.64
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	63	368.69	423.99
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	64	374.56	430.74
14002TN0320004	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	374.56	430.74

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	81.74	81.74
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	21	128.73	148.04
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	22	128.73	148.04
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	23	128.73	148.04
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	24	128.73	148.04
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	25	129.24	148.63
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	26	131.81	151.58
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	27	134.90	155.14
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	28	139.92	160.91
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	29	144.05	165.66
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	30	146.10	168.02
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	31	149.20	171.58
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	32	152.29	175.13
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	33	154.21	177.34
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	34	156.27	179.71
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	35	157.30	180.90
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	36	158.34	182.09
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	37	159.36	183.26
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	38	160.40	184.46
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	39	162.45	186.82
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	40	164.51	189.19
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	41	167.60	192.74
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	42	170.56	196.14

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	43	174.68	200.88
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	44	179.83	206.80
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	45	185.88	213.76
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	46	193.09	222.05
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	47	201.20	231.38
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	48	210.47	242.04
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	49	219.61	252.55
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	50	229.90	264.39
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	51	240.08	276.09
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	52	251.28	288.97
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	53	262.60	301.99
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	54	274.83	316.05
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	55	287.06	330.12
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	56	300.32	345.37
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	57	313.71	360.77
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	58	328.00	377.20
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	59	335.07	385.33
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	60	349.36	401.76
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	61	361.72	415.98
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	62	369.83	425.30
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	63	380.00	437.00
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	64	386.05	443.96
14002TN0320004	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	386.05	443.96

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	86.88	86.88
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	21	136.81	157.33
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	22	136.81	157.33
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	23	136.81	157.33
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	24	136.81	157.33
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	25	137.36	157.96
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	26	140.09	161.10
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	27	143.37	164.88
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	28	148.71	171.02
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	29	153.09	176.05
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	30	155.28	178.57
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	31	158.57	182.36
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	32	161.85	186.13
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	33	163.90	188.49
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	34	166.09	191.00
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	35	167.18	192.26
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	36	168.28	193.52
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	37	169.37	194.78
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	38	170.47	196.04
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	39	172.65	198.55
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	40	174.84	201.07
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	41	178.12	204.84
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	42	181.27	208.46

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	43	185.65	213.50
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	44	191.13	219.80
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	45	197.56	227.19
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	46	205.22	236.00
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	47	213.83	245.90
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	48	223.69	257.24
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	49	233.40	268.41
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	50	244.34	280.99
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	51	255.15	293.42
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	52	267.06	307.12
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	53	279.09	320.95
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	54	292.09	335.90
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	55	305.09	350.85
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	56	319.18	367.06
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	57	333.41	383.42
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	58	348.59	400.88
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	59	356.11	409.53
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	60	371.30	427.00
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	61	384.43	442.09
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	62	393.05	452.01
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	63	403.87	464.45
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	64	410.30	471.85
14002TN0320004	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	410.30	471.85

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	87.91	87.91
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	21	138.43	159.19
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	22	138.43	159.19
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	23	138.43	159.19
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	24	138.43	159.19
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	25	138.99	159.84
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	26	141.75	163.01
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	27	145.07	166.83
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	28	150.48	173.05
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	29	154.91	178.15
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	30	157.12	180.69
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	31	160.45	184.52
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	32	163.77	188.34
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	33	165.84	190.72
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	34	168.06	193.27
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	35	169.16	194.53
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	36	170.28	195.82
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	37	171.38	197.09
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	38	172.49	198.36
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	39	174.70	200.91
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	40	176.92	203.46
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	41	180.24	207.28
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	42	183.42	210.93

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	43	187.86	216.04
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	44	193.39	222.40
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	45	199.90	229.89
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	46	207.66	238.81
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	47	216.37	248.83
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	48	226.34	260.29
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	49	236.17	271.60
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	50	247.24	284.33
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	51	258.18	296.91
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	52	270.23	310.76
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	53	282.41	324.77
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	54	295.55	339.88
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	55	308.71	355.02
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	56	322.97	371.42
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	57	337.37	387.98
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	58	352.73	405.64
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	59	360.34	414.39
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	60	375.70	432.06
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	61	389.00	447.35
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	62	397.72	457.38
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	63	408.66	469.96
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	64	415.17	477.45
14002TN0320004	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	415.17	477.45

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	84.26	84.26
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	21	132.68	152.58
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	22	132.68	152.58
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	23	132.68	152.58
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	24	132.68	152.58
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	25	133.21	153.19
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	26	135.87	156.25
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	27	139.05	159.91
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	28	144.23	165.86
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	29	148.48	170.75
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	30	150.59	173.18
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	31	153.79	176.86
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	32	156.97	180.52
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	33	158.95	182.79
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	34	161.08	185.24
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	35	162.14	186.46
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	36	163.20	187.68
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	37	164.26	188.90
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	38	165.33	190.13
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	39	167.44	192.56
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	40	169.57	195.01
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	41	172.75	198.66
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	42	175.80	202.17

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	43	180.05	207.06
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	44	185.36	213.16
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	45	191.60	220.34
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	46	199.03	228.88
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	47	207.38	238.49
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	48	216.94	249.48
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	49	226.36	260.31
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	50	236.97	272.52
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	51	247.46	284.58
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	52	259.00	297.85
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	53	270.68	311.28
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	54	283.28	325.77
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	55	295.89	340.27
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	56	309.56	355.99
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	57	323.35	371.85
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	58	338.08	388.79
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	59	345.37	397.18
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	60	360.10	414.12
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	61	372.84	428.77
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	62	381.20	438.38
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	63	391.69	450.44
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	64	397.92	457.61
14002TN0320004	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	397.92	457.61

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	78.76	78.76
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	21	124.03	142.63
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	22	124.03	142.63
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	23	124.03	142.63
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	24	124.03	142.63
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	25	124.52	143.20
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	26	127.00	146.05
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	27	129.98	149.48
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	28	134.82	155.04
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	29	138.79	159.61
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	30	140.77	161.89
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	31	143.75	165.31
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	32	146.73	168.74
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	33	148.58	170.87
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	34	150.57	173.16
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	35	151.56	174.29
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	36	152.56	175.44
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	37	153.55	176.58
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	38	154.54	177.72
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	39	156.52	180.00
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	40	158.51	182.29
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	41	161.48	185.70
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	42	164.34	188.99

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	43	168.31	193.56
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	44	173.27	199.26
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	45	179.10	205.97
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	46	186.05	213.96
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	47	193.85	222.93
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	48	202.79	233.21
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	49	211.59	243.33
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	50	221.51	254.74
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	51	231.32	266.02
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	52	242.11	278.43
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	53	253.02	290.97
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	54	264.80	304.52
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	55	276.58	318.07
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	56	289.36	332.76
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	57	302.26	347.60
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	58	316.02	363.42
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	59	322.84	371.27
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	60	336.61	387.10
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	61	348.52	400.80
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	62	356.33	409.78
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	63	366.13	421.05
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	64	371.96	427.75
14002TN0320004	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	371.96	427.75

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	88.16	88.16
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	21	138.83	159.65
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	22	138.83	159.65
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	23	138.83	159.65
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	24	138.83	159.65
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	25	139.38	160.29
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	26	142.16	163.48
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	27	145.49	167.31
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	28	150.91	173.55
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	29	155.36	178.66
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	30	157.57	181.21
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	31	160.91	185.05
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	32	164.24	188.88
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	33	166.32	191.27
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	34	168.54	193.82
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	35	169.65	195.10
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	36	170.77	196.39
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	37	171.87	197.65
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	38	172.99	198.94
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	39	175.20	201.48
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	40	177.43	204.04
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	41	180.76	207.87
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	42	183.95	211.54

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	43	188.40	216.66
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	44	193.95	223.04
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	45	200.48	230.55
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	46	208.25	239.49
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	47	216.99	249.54
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	48	226.99	261.04
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	49	236.85	272.38
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	50	247.95	285.14
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	51	258.92	297.76
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	52	271.00	311.65
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	53	283.22	325.70
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	54	296.40	340.86
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	55	309.60	356.04
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	56	323.90	372.49
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	57	338.34	389.09
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	58	353.74	406.80
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	59	361.38	415.59
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	60	376.78	433.30
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	61	390.11	448.63
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	62	398.86	458.69
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	63	409.83	471.30
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	64	416.36	478.81
14002TN0320004	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	416.36	478.81

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	126.05	126.05
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	21	198.49	228.26
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	22	198.49	228.26
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	23	198.49	228.26
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	24	198.49	228.26
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	25	199.29	229.18
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	26	203.26	233.75
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	27	208.02	239.22
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	28	215.76	248.12
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	29	222.11	255.43
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	30	225.29	259.08
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	31	230.05	264.56
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	32	234.82	270.04
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	33	237.79	273.46
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	34	240.97	277.12
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	35	242.56	278.94
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	36	244.15	280.77
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	37	245.73	282.59
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	38	247.32	284.42
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	39	250.50	288.08
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	40	253.67	291.72
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	41	258.44	297.21
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	42	263.00	302.45

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	43	269.35	309.75
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	44	277.29	318.88
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	45	286.62	329.61
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	46	297.74	342.40
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	47	310.25	356.79
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	48	324.54	373.22
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	49	338.63	389.42
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	50	354.51	407.69
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	51	370.19	425.72
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	52	387.46	445.58
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	53	404.93	465.67
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	54	423.79	487.36
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	55	442.65	509.05
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	56	463.09	532.55
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	57	483.73	556.29
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	58	505.77	581.64
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	59	516.69	594.19
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	60	538.72	619.53
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	61	557.78	641.45
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	62	570.28	655.82
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	63	585.96	673.85
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	64	595.29	684.58
14002TN0340009	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	595.29	684.58

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	126.40	126.40
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	21	199.06	228.92
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	22	199.06	228.92
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	23	199.06	228.92
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	24	199.06	228.92
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	25	199.85	229.83
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	26	203.83	234.40
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	27	208.61	239.90
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	28	216.37	248.83
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	29	222.74	256.15
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	30	225.93	259.82
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	31	230.71	265.32
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	32	235.49	270.81
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	33	238.47	274.24
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	34	241.66	277.91
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	35	243.25	279.74
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	36	244.84	281.57
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	37	246.43	283.39
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	38	248.02	285.22
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	39	251.21	288.89
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	40	254.39	292.55
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	41	259.17	298.05
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	42	263.75	303.31

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	43	270.12	310.64
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	44	278.08	319.79
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	45	287.43	330.54
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	46	298.58	343.37
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	47	311.13	357.80
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	48	325.46	374.28
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	49	339.59	390.53
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	50	355.51	408.84
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	51	371.24	426.93
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	52	388.56	446.84
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	53	406.08	466.99
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	54	424.99	488.74
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	55	443.90	510.49
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	56	464.40	534.06
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	57	485.10	557.87
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	58	507.20	583.28
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	59	518.15	595.87
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	60	540.24	621.28
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	61	559.35	643.25
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	62	571.89	657.67
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	63	587.61	675.75
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	64	596.97	686.52
14002TN0340009	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	596.97	686.52

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	126.88	126.88
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	21	199.80	229.77
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	22	199.80	229.77
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	23	199.80	229.77
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	24	199.80	229.77
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	25	200.60	230.69
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	26	204.60	235.29
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	27	209.40	240.81
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	28	217.19	249.77
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	29	223.58	257.12
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	30	226.78	260.80
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	31	231.57	266.31
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	32	236.37	271.83
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	33	239.36	275.26
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	34	242.56	278.94
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	35	244.16	280.78
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	36	245.76	282.62
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	37	247.35	284.45
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	38	248.95	286.29
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	39	252.16	289.98
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	40	255.35	293.65
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	41	260.15	299.17
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	42	264.74	304.45

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	43	271.13	311.80
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	44	279.12	320.99
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	45	288.51	331.79
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	46	299.71	344.67
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	47	312.30	359.15
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	48	326.68	375.68
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	49	340.86	391.99
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	50	356.85	410.38
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	51	372.63	428.52
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	52	390.02	448.52
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	53	407.60	468.74
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	54	426.58	490.57
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	55	445.57	512.41
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	56	466.14	536.06
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	57	486.92	559.96
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	58	509.10	585.47
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	59	520.09	598.10
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	60	542.27	623.61
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	61	561.45	645.67
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	62	574.04	660.15
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	63	589.82	678.29
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	64	599.21	689.09
14002TN0340009	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	599.21	689.09

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	130.29	130.29
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	21	205.18	235.96
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	22	205.18	235.96
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	23	205.18	235.96
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	24	205.18	235.96
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	25	205.99	236.89
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	26	210.10	241.62
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	27	215.03	247.28
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	28	223.03	256.48
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	29	229.59	264.03
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	30	232.88	267.81
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	31	237.80	273.47
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	32	242.73	279.14
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	33	245.80	282.67
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	34	249.09	286.45
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	35	250.73	288.34
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	36	252.37	290.23
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	37	254.01	292.11
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	38	255.65	294.00
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	39	258.94	297.78
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	40	262.21	301.54
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	41	267.14	307.21
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	42	271.86	312.64

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	43	278.42	320.18
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	44	286.63	329.62
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	45	296.27	340.71
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	46	307.76	353.92
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	47	320.69	368.79
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	48	335.47	385.79
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	49	350.03	402.53
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	50	366.44	421.41
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	51	382.65	440.05
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	52	400.50	460.58
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	53	418.56	481.34
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	54	438.05	503.76
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	55	457.55	526.18
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	56	478.68	550.48
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	57	500.01	575.01
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	58	522.79	601.21
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	59	534.08	614.19
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	60	556.85	640.38
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	61	576.55	663.03
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	62	589.47	677.89
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	63	605.68	696.53
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	64	615.32	707.62
14002TN0340009	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	615.32	707.62

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	144.97	144.97
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	21	228.30	262.55
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	22	228.30	262.55
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	23	228.30	262.55
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	24	228.30	262.55
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	25	229.21	263.59
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	26	233.77	268.84
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	27	239.26	275.15
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	28	248.16	285.38
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	29	255.46	293.78
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	30	259.12	297.99
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	31	264.59	304.28
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	32	270.08	310.59
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	33	273.50	314.53
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	34	277.15	318.72
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	35	278.98	320.83
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	36	280.81	322.93
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	37	282.63	325.02
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	38	284.46	327.13
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	39	288.11	331.33
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	40	291.76	335.52
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	41	297.24	341.83
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	42	302.49	347.86

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	43	309.79	356.26
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	44	318.93	366.77
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	45	329.66	379.11
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	46	342.44	393.81
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	47	356.83	410.35
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	48	373.27	429.26
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	49	389.47	447.89
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	50	407.74	468.90
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	51	425.77	489.64
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	52	445.63	512.47
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	53	465.72	535.58
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	54	487.42	560.53
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	55	509.11	585.48
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	56	532.62	612.51
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	57	556.35	639.80
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	58	581.70	668.96
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	59	594.26	683.40
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	60	619.60	712.54
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	61	641.52	737.75
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	62	655.90	754.29
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	63	673.93	775.02
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	64	684.66	787.36
14002TN0340001	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	684.66	787.36

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	136.27	136.27
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	21	214.59	246.78
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	22	214.59	246.78
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	23	214.59	246.78
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	24	214.59	246.78
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	25	215.44	247.76
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	26	219.74	252.70
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	27	224.89	258.62
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	28	233.26	268.25
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	29	240.12	276.14
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	30	243.56	280.09
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	31	248.71	286.02
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	32	253.86	291.94
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	33	257.07	295.63
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	34	260.51	299.59
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	35	262.23	301.56
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	36	263.95	303.54
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	37	265.66	305.51
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	38	267.38	307.49
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	39	270.81	311.43
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	40	274.24	315.38
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	41	279.40	321.31
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	42	284.33	326.98

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	43	291.19	334.87
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	44	299.78	344.75
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	45	309.86	356.34
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	46	321.88	370.16
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	47	335.41	385.72
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	48	350.86	403.49
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	49	366.09	421.00
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	50	383.26	440.75
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	51	400.21	460.24
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	52	418.88	481.71
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	53	437.76	503.42
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	54	458.15	526.87
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	55	478.54	550.32
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	56	500.64	575.74
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	57	522.95	601.39
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	58	546.78	628.80
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	59	558.58	642.37
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	60	582.40	669.76
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	61	603.00	693.45
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	62	616.51	708.99
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	63	633.47	728.49
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	64	643.55	740.08
14002TN0340001	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	643.55	740.08

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	140.45	140.45
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	21	221.17	254.35
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	22	221.17	254.35
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	23	221.17	254.35
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	24	221.17	254.35
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	25	222.05	255.36
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	26	226.48	260.45
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	27	231.79	266.56
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	28	240.42	276.48
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	29	247.49	284.61
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	30	251.03	288.68
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	31	256.34	294.79
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	32	261.65	300.90
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	33	264.96	304.70
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	34	268.51	308.79
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	35	270.28	310.82
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	36	272.05	312.86
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	37	273.81	314.88
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	38	275.58	316.92
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	39	279.12	320.99
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	40	282.66	325.06
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	41	287.97	331.17
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	42	293.05	337.01

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	43	300.13	345.15
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	44	308.98	355.33
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	45	319.37	367.28
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	46	331.76	381.52
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	47	345.70	397.56
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	48	361.62	415.86
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	49	377.32	433.92
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	50	395.02	454.27
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	51	412.49	474.36
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	52	431.73	496.49
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	53	451.19	518.87
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	54	472.21	543.04
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	55	493.22	567.20
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	56	516.00	593.40
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	57	539.00	619.85
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	58	563.55	648.08
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	59	575.72	662.08
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	60	600.27	690.31
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	61	621.50	714.73
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	62	635.43	730.74
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	63	652.90	750.84
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	64	663.30	762.80
14002TN0340001	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	663.30	762.80

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	149.27	149.27
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	21	235.06	270.32
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	22	235.06	270.32
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	23	235.06	270.32
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	24	235.06	270.32
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	25	236.00	271.40
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	26	240.70	276.81
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	27	246.35	283.30
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	28	255.51	293.84
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	29	263.03	302.48
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	30	266.80	306.82
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	31	272.44	313.31
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	32	278.08	319.79
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	33	281.60	323.84
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	34	285.37	328.18
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	35	287.25	330.34
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	36	289.13	332.50
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	37	291.01	334.66
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	38	292.89	336.82
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	39	296.65	341.15
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	40	300.41	345.47
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	41	306.06	351.97
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	42	311.46	358.18

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	43	318.98	366.83
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	44	328.38	377.64
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	45	339.43	390.34
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	46	352.59	405.48
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	47	367.41	422.52
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	48	384.33	441.98
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	49	401.02	461.17
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	50	419.82	482.79
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	51	438.39	504.15
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	52	458.84	527.67
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	53	479.53	551.46
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	54	501.86	577.14
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	55	524.20	602.83
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	56	548.40	630.66
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	57	572.84	658.77
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	58	598.94	688.78
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	59	611.87	703.65
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	60	637.96	733.65
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	61	660.53	759.61
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	62	675.34	776.64
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	63	693.90	797.99
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	64	704.95	810.69
14002TN0340001	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	704.95	810.69

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	151.04	151.04
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	21	237.85	273.53
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	22	237.85	273.53
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	23	237.85	273.53
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	24	237.85	273.53
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	25	238.80	274.62
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	26	243.56	280.09
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	27	249.27	286.66
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	28	258.55	297.33
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	29	266.16	306.08
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	30	269.97	310.47
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	31	275.67	317.02
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	32	281.39	323.60
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	33	284.94	327.68
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	34	288.75	332.06
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	35	290.66	334.26
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	36	292.56	336.44
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	37	294.46	338.63
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	38	296.36	340.81
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	39	300.17	345.20
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	40	303.97	349.57
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	41	309.69	356.14
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	42	315.15	362.42

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	43	322.76	371.17
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	44	332.28	382.12
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	45	343.46	394.98
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	46	356.78	410.30
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	47	371.77	427.54
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	48	388.89	447.22
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	49	405.78	466.65
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	50	424.80	488.52
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	51	443.59	510.13
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	52	464.29	533.93
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	53	485.22	558.00
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	54	507.82	583.99
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	55	530.42	609.98
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	56	554.91	638.15
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	57	579.64	666.59
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	58	606.05	696.96
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	59	619.14	712.01
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	60	645.53	742.36
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	61	668.37	768.63
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	62	683.35	785.85
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	63	702.14	807.46
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	64	713.32	820.32
14002TN0340001	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	713.32	820.32

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	144.77	144.77
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	21	227.97	262.17
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	22	227.97	262.17
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	23	227.97	262.17
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	24	227.97	262.17
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	25	228.88	263.21
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	26	233.44	268.46
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	27	238.92	274.76
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	28	247.81	284.98
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	29	255.10	293.37
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	30	258.75	297.56
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	31	264.22	303.85
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	32	269.70	310.16
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	33	273.11	314.08
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	34	276.76	318.27
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	35	278.59	320.38
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	36	280.41	322.47
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	37	282.23	324.56
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	38	284.05	326.66
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	39	287.71	330.87
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	40	291.35	335.05
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	41	296.83	341.35
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	42	302.06	347.37

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	43	309.36	355.76
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	44	318.48	366.25
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	45	329.19	378.57
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	46	341.96	393.25
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	47	356.33	409.78
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	48	372.74	428.65
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	49	388.92	447.26
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	50	407.16	468.23
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	51	425.17	488.95
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	52	445.00	511.75
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	53	465.07	534.83
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	54	486.73	559.74
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	55	508.39	584.65
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	56	531.86	611.64
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	57	555.57	638.91
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	58	580.88	668.01
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	59	593.42	682.43
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	60	618.72	711.53
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	61	640.61	736.70
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	62	654.97	753.22
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	63	672.98	773.93
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	64	683.69	786.24
14002TN0340001	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	683.69	786.24

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	135.32	135.32
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	21	213.10	245.07
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	22	213.10	245.07
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	23	213.10	245.07
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	24	213.10	245.07
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	25	213.95	246.04
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	26	218.21	250.94
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	27	223.33	256.83
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	28	231.64	266.39
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	29	238.46	274.23
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	30	241.87	278.15
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	31	246.98	284.03
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	32	252.10	289.92
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	33	255.29	293.58
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	34	258.71	297.52
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	35	260.41	299.47
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	36	262.12	301.44
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	37	263.82	303.39
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	38	265.52	305.35
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	39	268.94	309.28
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	40	272.34	313.19
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	41	277.46	319.08
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	42	282.36	324.71

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	43	289.18	332.56
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	44	297.70	342.36
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	45	307.72	353.88
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	46	319.65	367.60
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	47	333.08	383.04
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	48	348.42	400.68
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	49	363.55	418.08
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	50	380.60	437.69
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	51	397.43	457.04
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	52	415.97	478.37
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	53	434.73	499.94
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	54	454.97	523.22
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	55	475.22	546.50
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	56	497.17	571.75
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	57	519.32	597.22
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	58	542.99	624.44
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	59	554.71	637.92
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	60	578.36	665.11
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	61	598.82	688.64
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	62	612.24	704.08
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	63	629.07	723.43
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	64	639.09	734.95
14002TN0340001	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	639.09	734.95

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	151.47	151.47
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	21	238.54	274.32
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	22	238.54	274.32
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	23	238.54	274.32
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	24	238.54	274.32
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	25	239.49	275.41
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	26	244.26	280.90
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	27	249.99	287.49
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	28	259.29	298.18
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	29	266.92	306.96
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	30	270.74	311.35
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	31	276.46	317.93
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	32	282.19	324.52
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	33	285.76	328.62
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	34	289.58	333.02
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	35	291.49	335.21
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	36	293.41	337.42
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	37	295.31	339.61
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	38	297.22	341.80
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	39	301.04	346.20
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	40	304.85	350.58
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	41	310.58	357.17
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	42	316.06	363.47

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	43	323.69	372.24
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	44	333.23	383.21
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	45	344.44	396.11
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	46	357.80	411.47
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	47	372.84	428.77
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	48	390.01	448.51
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	49	406.94	467.98
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	50	426.03	489.93
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	51	444.87	511.60
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	52	465.62	535.46
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	53	486.61	559.60
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	54	509.28	585.67
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	55	531.94	611.73
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	56	556.51	639.99
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	57	581.31	668.51
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	58	607.79	698.96
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	59	620.92	714.06
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	60	647.39	744.50
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	61	670.29	770.83
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	62	685.32	788.12
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	63	704.16	809.78
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	64	715.37	822.68
14002TN0340001	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	715.37	822.68

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	141.65	141.65
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	21	223.06	256.52
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	22	223.06	256.52
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	23	223.06	256.52
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	24	223.06	256.52
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	25	223.96	257.55
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	26	228.41	262.67
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	27	233.77	268.84
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	28	242.47	278.84
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	29	249.61	287.05
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	30	253.18	291.16
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	31	258.53	297.31
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	32	263.88	303.46
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	33	267.23	307.31
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	34	270.80	311.42
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	35	272.59	313.48
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	36	274.37	315.53
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	37	276.15	317.57
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	38	277.94	319.63
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	39	281.51	323.74
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	40	285.07	327.83
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	41	290.43	333.99
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	42	295.55	339.88

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	43	302.69	348.09
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	44	311.62	358.36
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	45	322.10	370.42
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	46	334.59	384.78
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	47	348.65	400.95
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	48	364.71	419.42
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	49	380.55	437.63
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	50	398.39	458.15
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	51	416.01	478.41
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	52	435.41	500.72
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	53	455.04	523.30
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	54	476.24	547.68
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	55	497.43	572.04
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	56	520.40	598.46
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	57	543.60	625.14
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	58	568.36	653.61
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	59	580.63	667.72
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	60	605.39	696.20
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	61	626.80	720.82
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	62	640.86	736.99
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	63	658.47	757.24
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	64	668.96	769.30
14002TN0340010	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	668.96	769.30

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	142.05	142.05
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	21	223.69	257.24
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	22	223.69	257.24
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	23	223.69	257.24
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	24	223.69	257.24
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	25	224.59	258.28
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	26	229.06	263.42
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	27	234.43	269.59
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	28	243.15	279.62
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	29	250.31	287.86
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	30	253.89	291.97
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	31	259.26	298.15
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	32	264.63	304.32
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	33	267.98	308.18
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	34	271.56	312.29
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	35	273.36	314.36
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	36	275.14	316.41
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	37	276.93	318.47
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	38	278.72	320.53
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	39	282.30	324.65
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	40	285.87	328.75
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	41	291.25	334.94
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	42	296.39	340.85

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	43	303.55	349.08
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	44	312.50	359.38
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	45	323.01	371.46
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	46	335.54	385.87
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	47	349.63	402.07
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	48	365.74	420.60
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	49	381.62	438.86
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	50	399.52	459.45
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	51	417.18	479.76
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	52	436.64	502.14
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	53	456.33	524.78
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	54	477.59	549.23
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	55	498.83	573.65
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	56	521.88	600.16
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	57	545.14	626.91
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	58	569.97	655.47
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	59	582.27	669.61
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	60	607.10	698.17
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	61	628.57	722.86
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	62	642.67	739.07
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	63	660.34	759.39
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	64	670.85	771.48
14002TN0340010	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	670.85	771.48

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	142.58	142.58
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	21	224.53	258.21
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	22	224.53	258.21
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	23	224.53	258.21
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	24	224.53	258.21
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	25	225.43	259.24
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	26	229.92	264.41
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	27	235.31	270.61
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	28	244.07	280.68
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	29	251.25	288.94
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	30	254.85	293.08
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	31	260.23	299.26
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	32	265.62	305.46
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	33	268.99	309.34
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	34	272.58	313.47
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	35	274.38	315.54
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	36	276.18	317.61
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	37	277.97	319.67
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	38	279.77	321.74
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	39	283.36	325.86
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	40	286.95	329.99
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	41	292.34	336.19
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	42	297.50	342.13

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	43	304.69	350.39
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	44	313.67	360.72
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	45	324.22	372.85
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	46	336.80	387.32
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	47	350.95	403.59
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	48	367.11	422.18
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	49	383.05	440.51
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	50	401.02	461.17
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	51	418.75	481.56
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	52	438.28	504.02
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	53	458.04	526.75
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	54	479.38	551.29
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	55	500.71	575.82
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	56	523.84	602.42
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	57	547.18	629.26
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	58	572.11	657.93
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	59	584.46	672.13
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	60	609.38	700.79
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	61	630.93	725.57
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	62	645.08	741.84
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	63	662.82	762.24
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	64	673.37	774.38
14002TN0340010	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	673.37	774.38

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	146.42	146.42
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	21	230.57	265.16
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	22	230.57	265.16
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	23	230.57	265.16
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	24	230.57	265.16
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	25	231.49	266.21
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	26	236.10	271.52
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	27	241.64	277.89
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	28	250.63	288.22
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	29	258.01	296.71
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	30	261.70	300.96
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	31	267.23	307.31
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	32	272.76	313.67
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	33	276.22	317.65
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	34	279.91	321.90
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	35	281.76	324.02
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	36	283.60	326.14
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	37	285.44	328.26
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	38	287.29	330.38
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	39	290.98	334.63
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	40	294.66	338.86
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	41	300.20	345.23
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	42	305.50	351.33

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	43	312.88	359.81
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	44	322.10	370.42
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	45	332.94	382.88
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	46	345.85	397.73
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	47	360.38	414.44
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	48	376.99	433.54
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	49	393.36	452.36
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	50	411.80	473.57
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	51	430.01	494.51
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	52	450.07	517.58
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	53	470.36	540.91
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	54	492.27	566.11
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	55	514.17	591.30
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	56	537.92	618.61
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	57	561.90	646.19
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	58	587.50	675.63
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	59	600.18	690.21
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	60	625.77	719.64
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	61	647.90	745.09
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	62	662.43	761.79
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	63	680.64	782.74
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	64	691.48	795.20
14002TN0340010	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	691.48	795.20

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	162.91	162.91
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	21	256.55	295.03
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	22	256.55	295.03
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	23	256.55	295.03
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	24	256.55	295.03
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	25	257.58	296.22
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	26	262.71	302.12
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	27	268.87	309.20
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	28	278.87	320.70
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	29	287.08	330.14
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	30	291.19	334.87
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	31	297.34	341.94
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	32	303.50	349.03
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	33	307.35	353.45
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	34	311.45	358.17
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	35	313.51	360.54
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	36	315.56	362.89
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	37	317.61	365.25
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	38	319.66	367.61
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	39	323.77	372.34
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	40	327.87	377.05
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	41	334.03	384.13
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	42	339.93	390.92

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	43	348.14	400.36
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	44	358.40	412.16
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	45	370.46	426.03
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	46	384.83	442.55
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	47	400.99	461.14
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	48	419.47	482.39
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	49	437.68	503.33
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	50	458.20	526.93
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	51	478.46	550.23
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	52	500.78	575.90
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	53	523.36	601.86
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	54	547.74	629.90
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	55	572.11	657.93
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	56	598.54	688.32
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	57	625.21	718.99
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	58	653.70	751.76
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	59	667.80	767.97
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	60	696.28	800.72
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	61	720.91	829.05
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	62	737.07	847.63
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	63	757.33	870.93
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	64	769.39	884.80
14002TN0340002	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	769.39	884.80

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	153.13	153.13
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	21	241.15	277.32
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	22	241.15	277.32
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	23	241.15	277.32
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	24	241.15	277.32
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	25	242.11	278.43
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	26	246.93	283.97
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	27	252.73	290.64
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	28	262.13	301.45
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	29	269.85	310.33
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	30	273.71	314.77
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	31	279.49	321.41
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	32	285.28	328.07
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	33	288.89	332.22
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	34	292.75	336.66
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	35	294.69	338.89
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	36	296.61	341.10
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	37	298.54	343.32
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	38	300.47	345.54
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	39	304.33	349.98
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	40	308.18	354.41
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	41	313.98	361.08
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	42	319.52	367.45

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	43	327.24	376.33
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	44	336.88	387.41
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	45	348.22	400.45
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	46	361.72	415.98
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	47	376.92	433.46
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	48	394.28	453.42
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	49	411.40	473.11
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	50	430.69	495.29
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	51	449.74	517.20
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	52	470.72	541.33
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	53	491.94	565.73
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	54	514.85	592.08
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	55	537.76	618.42
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	56	562.60	646.99
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	57	587.67	675.82
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	58	614.45	706.62
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	59	627.71	721.87
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	60	654.47	752.64
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	61	677.62	779.26
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	62	692.82	796.74
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	63	711.86	818.64
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	64	723.20	831.68
14002TN0340002	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	723.20	831.68

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	157.83	157.83
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	21	248.55	285.83
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	22	248.55	285.83
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	23	248.55	285.83
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	24	248.55	285.83
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	25	249.54	286.97
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	26	254.51	292.69
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	27	260.48	299.55
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	28	270.17	310.70
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	29	278.13	319.85
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	30	282.11	324.43
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	31	288.07	331.28
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	32	294.03	338.13
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	33	297.76	342.42
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	34	301.74	347.00
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	35	303.73	349.29
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	36	305.71	351.57
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	37	307.70	353.86
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	38	309.69	356.14
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	39	313.67	360.72
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	40	317.64	365.29
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	41	323.61	372.15
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	42	329.32	378.72

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	43	337.28	387.87
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	44	347.22	399.30
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	45	358.90	412.74
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	46	372.82	428.74
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	47	388.48	446.75
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	48	406.38	467.34
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	49	424.02	487.62
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	50	443.91	510.50
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	51	463.54	533.07
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	52	485.16	557.93
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	53	507.03	583.08
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	54	530.65	610.25
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	55	554.26	637.40
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	56	579.86	666.84
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	57	605.71	696.57
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	58	633.30	728.30
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	59	646.97	744.02
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	60	674.56	775.74
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	61	698.41	803.17
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	62	714.08	821.19
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	63	733.71	843.77
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	64	745.39	857.20
14002TN0340002	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	745.39	857.20

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	167.74	167.74
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	21	264.16	303.78
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	22	264.16	303.78
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	23	264.16	303.78
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	24	264.16	303.78
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	25	265.22	305.00
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	26	270.49	311.06
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	27	276.84	318.37
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	28	287.14	330.21
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	29	295.59	339.93
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	30	299.82	344.79
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	31	306.16	352.08
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	32	312.50	359.38
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	33	316.46	363.93
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	34	320.68	368.78
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	35	322.80	371.22
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	36	324.91	373.65
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	37	327.02	376.07
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	38	329.14	378.51
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	39	333.37	383.38
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	40	337.59	388.23
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	41	343.93	395.52
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	42	350.00	402.50

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	43	358.46	412.23
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	44	369.02	424.37
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	45	381.44	438.66
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	46	396.23	455.66
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	47	412.88	474.81
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	48	431.90	496.69
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	49	450.65	518.25
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	50	471.78	542.55
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	51	492.65	566.55
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	52	515.63	592.97
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	53	538.88	619.71
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	54	563.98	648.58
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	55	589.07	677.43
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	56	616.28	708.72
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	57	643.74	740.30
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	58	673.07	774.03
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	59	687.60	790.74
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	60	716.92	824.46
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	61	742.28	853.62
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	62	758.92	872.76
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	63	779.78	896.75
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	64	792.20	911.03
14002TN0340002	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	792.20	911.03

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	169.73	169.73
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	21	267.29	307.38
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	22	267.29	307.38
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	23	267.29	307.38
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	24	267.29	307.38
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	25	268.36	308.61
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	26	273.70	314.76
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	27	280.13	322.15
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	28	290.55	334.13
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	29	299.10	343.97
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	30	303.38	348.89
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	31	309.79	356.26
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	32	316.20	363.63
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	33	320.21	368.24
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	34	324.49	373.16
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	35	326.63	375.62
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	36	328.77	378.09
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	37	330.90	380.54
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	38	333.05	383.01
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	39	337.32	387.92
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	40	341.59	392.83
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	41	348.02	400.22
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	42	354.16	407.28

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	43	362.71	417.12
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	44	373.40	429.41
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	45	385.97	443.87
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	46	400.94	461.08
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	47	417.78	480.45
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	48	437.03	502.58
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	49	456.00	524.40
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	50	477.38	548.99
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	51	498.49	573.26
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	52	521.75	600.01
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	53	545.27	627.06
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	54	570.67	656.27
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	55	596.06	685.47
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	56	623.59	717.13
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	57	651.38	749.09
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	58	681.06	783.22
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	59	695.76	800.12
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	60	725.43	834.24
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	61	751.09	863.75
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	62	767.93	883.12
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	63	789.04	907.40
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	64	801.60	921.84
14002TN0340002	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	801.60	921.84

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	162.68	162.68
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	21	256.19	294.62
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	22	256.19	294.62
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	23	256.19	294.62
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	24	256.19	294.62
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	25	257.22	295.80
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	26	262.33	301.68
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	27	268.49	308.76
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	28	278.48	320.25
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	29	286.68	329.68
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	30	290.78	334.40
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	31	296.92	341.46
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	32	303.07	348.53
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	33	306.91	352.95
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	34	311.01	357.66
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	35	313.07	360.03
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	36	315.11	362.38
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	37	317.16	364.73
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	38	319.21	367.09
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	39	323.31	371.81
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	40	327.40	376.51
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	41	333.56	383.59
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	42	339.45	390.37

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	43	347.65	399.80
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	44	357.89	411.57
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	45	369.94	425.43
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	46	384.28	441.92
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	47	400.43	460.49
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	48	418.87	481.70
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	49	437.06	502.62
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	50	457.55	526.18
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	51	477.79	549.46
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	52	500.08	575.09
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	53	522.62	601.01
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	54	546.97	629.02
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	55	571.30	657.00
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	56	597.69	687.34
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	57	624.33	717.98
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	58	652.77	750.69
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	59	666.86	766.89
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	60	695.30	799.60
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	61	719.89	827.87
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	62	736.03	846.43
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	63	756.27	869.71
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	64	768.31	883.56
14002TN0340002	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	768.31	883.56

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	152.07	152.07
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	21	239.48	275.40
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	22	239.48	275.40
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	23	239.48	275.40
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	24	239.48	275.40
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	25	240.44	276.51
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	26	245.22	282.00
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	27	250.98	288.63
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	28	260.31	299.36
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	29	267.98	308.18
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	30	271.81	312.58
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	31	277.55	319.18
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	32	283.30	325.80
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	33	286.89	329.92
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	34	290.72	334.33
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	35	292.64	336.54
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	36	294.56	338.74
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	37	296.47	340.94
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	38	298.39	343.15
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	39	302.22	347.55
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	40	306.05	351.96
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	41	311.80	358.57
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	42	317.30	364.90

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	43	324.97	373.72
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	44	334.55	384.73
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	45	345.80	397.67
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	46	359.21	413.09
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	47	374.30	430.45
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	48	391.55	450.28
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	49	408.55	469.83
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	50	427.71	491.87
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	51	446.62	513.61
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	52	467.45	537.57
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	53	488.53	561.81
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	54	511.29	587.98
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	55	534.03	614.13
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	56	558.70	642.51
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	57	583.60	671.14
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	58	610.19	701.72
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	59	623.36	716.86
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	60	649.94	747.43
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	61	672.93	773.87
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	62	688.02	791.22
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	63	706.93	812.97
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	64	718.19	825.92
14002TN0340002	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	718.19	825.92

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	170.22	170.22
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	21	268.06	308.27
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	22	268.06	308.27
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	23	268.06	308.27
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	24	268.06	308.27
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	25	269.13	309.50
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	26	274.49	315.66
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	27	280.93	323.07
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	28	291.38	335.09
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	29	299.96	344.95
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	30	304.25	349.89
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	31	310.68	357.28
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	32	317.11	364.68
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	33	321.13	369.30
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	34	325.42	374.23
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	35	327.57	376.71
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	36	329.71	379.17
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	37	331.85	381.63
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	38	334.00	384.10
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	39	338.29	389.03
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	40	342.57	393.96
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	41	349.02	401.37
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	42	355.17	408.45

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	43	363.76	418.32
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	44	374.48	430.65
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	45	387.08	445.14
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	46	402.09	462.40
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	47	418.98	481.83
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	48	438.28	504.02
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	49	457.31	525.91
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	50	478.75	550.56
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	51	499.92	574.91
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	52	523.25	601.74
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	53	546.84	628.87
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	54	572.31	658.16
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	55	597.77	687.44
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	56	625.38	719.19
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	57	653.26	751.25
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	58	683.02	785.47
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	59	697.76	802.42
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	60	727.51	836.64
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	61	753.24	866.23
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	62	770.13	885.65
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	63	791.30	910.00
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	64	803.90	924.49
14002TN0340002	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	803.90	924.49

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	153.77	153.77
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	21	242.16	278.48
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	22	242.16	278.48
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	23	242.16	278.48
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	24	242.16	278.48
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	25	243.13	279.60
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	26	247.97	285.17
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	27	253.78	291.85
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	28	263.22	302.70
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	29	270.97	311.62
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	30	274.84	316.07
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	31	280.66	322.76
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	32	286.47	329.44
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	33	290.10	333.62
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	34	293.97	338.07
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	35	295.91	340.30
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	36	297.85	342.53
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	37	299.78	344.75
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	38	301.72	346.98
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	39	305.60	351.44
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	40	309.48	355.90
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	41	315.29	362.58
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	42	320.86	368.99

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	43	328.61	377.90
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	44	338.29	389.03
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	45	349.67	402.12
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	46	363.23	417.71
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	47	378.49	435.26
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	48	395.92	455.31
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	49	413.11	475.08
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	50	432.49	497.36
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	51	451.62	519.36
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	52	472.69	543.59
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	53	494.00	568.10
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	54	517.00	594.55
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	55	540.00	621.00
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	56	564.95	649.69
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	57	590.13	678.65
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	58	617.01	709.56
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	59	630.33	724.88
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	60	657.21	755.79
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	61	680.46	782.53
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	62	695.71	800.07
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	63	714.84	822.07
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	64	726.22	835.15
14002TN0340011	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	726.22	835.15

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	154.20	154.20
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	21	242.84	279.27
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	22	242.84	279.27
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	23	242.84	279.27
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	24	242.84	279.27
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	25	243.82	280.39
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	26	248.67	285.97
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	27	254.50	292.68
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	28	263.97	303.57
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	29	271.74	312.50
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	30	275.62	316.96
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	31	281.45	323.67
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	32	287.28	330.37
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	33	290.92	334.56
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	34	294.80	339.02
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	35	296.75	341.26
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	36	298.69	343.49
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	37	300.63	345.72
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	38	302.57	347.96
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	39	306.47	352.44
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	40	310.35	356.90
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	41	316.18	363.61
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	42	321.77	370.04

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	43	329.54	378.97
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	44	339.25	390.14
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	45	350.66	403.26
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	46	364.26	418.90
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	47	379.56	436.49
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	48	397.04	456.60
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	49	414.28	476.42
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	50	433.72	498.78
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	51	452.90	520.84
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	52	474.02	545.12
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	53	495.39	569.70
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	54	518.46	596.23
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	55	541.53	622.76
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	56	566.55	651.53
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	57	591.80	680.57
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	58	618.76	711.57
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	59	632.11	726.93
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	60	659.06	757.92
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	61	682.38	784.74
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	62	697.68	802.33
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	63	716.86	824.39
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	64	728.28	837.52
14002TN0340011	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	728.28	837.52

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	154.78	154.78
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	21	243.75	280.31
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	22	243.75	280.31
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	23	243.75	280.31
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	24	243.75	280.31
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	25	244.73	281.44
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	26	249.60	287.04
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	27	255.45	293.77
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	28	264.96	304.70
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	29	272.76	313.67
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	30	276.66	318.16
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	31	282.51	324.89
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	32	288.36	331.61
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	33	292.01	335.81
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	34	295.91	340.30
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	35	297.86	342.54
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	36	299.81	344.78
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	37	301.76	347.02
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	38	303.71	349.27
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	39	307.62	353.76
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	40	311.52	358.25
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	41	317.37	364.98
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	42	322.97	371.42

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	43	330.77	380.39
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	44	340.52	391.60
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	45	351.98	404.78
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	46	365.63	420.47
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	47	380.98	438.13
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	48	398.53	458.31
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	49	415.84	478.22
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	50	435.34	500.64
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	51	454.60	522.79
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	52	475.80	547.17
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	53	497.25	571.84
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	54	520.41	598.47
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	55	543.56	625.09
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	56	568.68	653.98
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	57	594.03	683.13
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	58	621.08	714.24
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	59	634.48	729.65
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	60	661.54	760.77
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	61	684.95	787.69
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	62	700.30	805.35
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	63	719.56	827.49
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	64	731.01	840.66
14002TN0340011	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	731.01	840.66

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	158.94	158.94
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	21	250.31	287.86
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	22	250.31	287.86
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	23	250.31	287.86
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	24	250.31	287.86
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	25	251.31	289.01
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	26	256.31	294.76
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	27	262.32	301.67
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	28	272.08	312.89
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	29	280.09	322.10
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	30	284.10	326.72
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	31	290.10	333.62
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	32	296.11	340.53
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	33	299.86	344.84
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	34	303.87	349.45
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	35	305.87	351.75
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	36	307.87	354.05
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	37	309.87	356.35
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	38	311.88	358.66
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	39	315.89	363.27
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	40	319.90	367.89
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	41	325.90	374.79
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	42	331.66	381.41

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	43	339.67	390.62
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	44	349.68	402.13
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	45	361.44	415.66
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	46	375.46	431.78
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	47	391.23	449.91
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	48	409.25	470.64
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	49	427.02	491.07
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	50	447.05	514.11
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	51	466.82	536.84
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	52	488.60	561.89
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	53	510.62	587.21
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	54	534.40	614.56
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	55	558.18	641.91
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	56	583.97	671.57
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	57	610.00	701.50
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	58	637.78	733.45
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	59	651.55	749.28
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	60	679.33	781.23
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	61	703.36	808.86
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	62	719.13	827.00
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	63	738.90	849.74
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	64	750.67	863.27
14002TN0340011	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	750.67	863.27

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	176.85	176.85
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	21	278.51	320.29
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	22	278.51	320.29
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	23	278.51	320.29
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	24	278.51	320.29
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	25	279.63	321.57
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	26	285.20	327.98
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	27	291.88	335.66
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	28	302.74	348.15
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	29	311.65	358.40
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	30	316.11	363.53
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	31	322.79	371.21
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	32	329.48	378.90
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	33	333.65	383.70
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	34	338.11	388.83
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	35	340.34	391.39
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	36	342.56	393.94
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	37	344.79	396.51
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	38	347.02	399.07
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	39	351.49	404.21
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	40	355.94	409.33
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	41	362.63	417.02
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	42	369.03	424.38

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	43	377.94	434.63
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	44	389.08	447.44
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	45	402.17	462.50
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	46	417.77	480.44
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	47	435.31	500.61
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	48	455.36	523.66
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	49	475.14	546.41
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	50	497.43	572.04
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	51	519.43	597.34
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	52	543.66	625.21
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	53	568.16	653.38
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	54	594.62	683.81
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	55	621.08	714.24
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	56	649.77	747.24
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	57	678.73	780.54
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	58	709.65	816.10
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	59	724.96	833.70
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	60	755.88	869.26
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	61	782.62	900.01
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	62	800.17	920.20
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	63	822.17	945.50
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	64	835.26	960.55
14002TN0340003	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	835.26	960.55

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	166.23	166.23
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	21	261.79	301.06
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	22	261.79	301.06
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	23	261.79	301.06
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	24	261.79	301.06
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	25	262.84	302.27
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	26	268.07	308.28
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	27	274.35	315.50
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	28	284.56	327.24
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	29	292.94	336.88
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	30	297.13	341.70
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	31	303.41	348.92
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	32	309.69	356.14
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	33	313.62	360.66
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	34	317.81	365.48
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	35	319.90	367.89
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	36	322.00	370.30
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	37	324.09	372.70
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	38	326.18	375.11
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	39	330.38	379.94
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	40	334.57	384.76
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	41	340.85	391.98
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	42	346.87	398.90

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	43	355.25	408.54
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	44	365.72	420.58
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	45	378.02	434.72
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	46	392.68	451.58
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	47	409.18	470.56
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	48	428.02	492.22
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	49	446.61	513.60
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	50	467.56	537.69
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	51	488.24	561.48
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	52	511.01	587.66
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	53	534.05	614.16
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	54	558.92	642.76
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	55	583.79	671.36
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	56	610.76	702.37
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	57	637.98	733.68
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	58	667.04	767.10
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	59	681.44	783.66
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	60	710.49	817.06
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	61	735.63	845.97
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	62	752.12	864.94
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	63	772.80	888.72
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	64	785.11	902.88
14002TN0340003	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	785.11	902.88

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	171.33	171.33
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	21	269.82	310.29
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	22	269.82	310.29
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	23	269.82	310.29
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	24	269.82	310.29
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	25	270.91	311.55
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	26	276.30	317.75
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	27	282.77	325.19
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	28	293.29	337.28
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	29	301.93	347.22
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	30	306.25	352.19
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	31	312.72	359.63
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	32	319.20	367.08
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	33	323.24	371.73
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	34	327.56	376.69
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	35	329.72	379.18
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	36	331.88	381.66
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	37	334.04	384.15
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	38	336.19	386.62
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	39	340.52	391.60
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	40	344.84	396.57
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	41	351.31	404.01
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	42	357.52	411.15

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	43	366.15	421.07
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	44	376.94	433.48
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	45	389.62	448.06
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	46	404.73	465.44
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	47	421.73	484.99
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	48	441.16	507.33
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	49	460.31	529.36
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	50	481.91	554.20
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	51	503.22	578.70
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	52	526.69	605.69
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	53	550.44	633.01
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	54	576.07	662.48
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	55	601.70	691.96
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	56	629.50	723.93
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	57	657.56	756.19
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	58	687.51	790.64
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	59	702.34	807.69
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	60	732.29	842.13
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	61	758.20	871.93
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	62	775.20	891.48
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	63	796.52	916.00
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	64	809.20	930.58
14002TN0340003	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	809.20	930.58

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	182.09	182.09
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	21	286.77	329.79
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	22	286.77	329.79
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	23	286.77	329.79
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	24	286.77	329.79
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	25	287.92	331.11
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	26	293.65	337.70
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	27	300.53	345.61
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	28	311.71	358.47
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	29	320.89	369.02
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	30	325.48	374.30
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	31	332.36	382.21
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	32	339.24	390.13
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	33	343.54	395.07
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	34	348.13	400.35
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	35	350.42	402.98
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	36	352.72	405.63
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	37	355.01	408.26
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	38	357.31	410.91
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	39	361.90	416.19
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	40	366.49	421.46
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	41	373.38	429.39
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	42	379.97	436.97

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	43	389.15	447.52
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	44	400.62	460.71
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	45	414.09	476.20
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	46	430.15	494.67
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	47	448.21	515.44
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	48	468.86	539.19
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	49	489.22	562.60
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	50	512.17	589.00
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	51	534.82	615.04
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	52	559.77	643.74
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	53	585.00	672.75
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	54	612.24	704.08
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	55	639.49	735.41
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	56	669.03	769.38
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	57	698.85	803.68
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	58	730.68	840.28
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	59	746.45	858.42
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	60	778.28	895.02
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	61	805.82	926.69
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	62	823.88	947.46
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	63	846.54	973.52
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	64	860.01	989.01
14002TN0340003	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	860.01	989.01

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	184.26	184.26
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	21	290.17	333.70
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	22	290.17	333.70
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	23	290.17	333.70
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	24	290.17	333.70
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	25	291.34	335.04
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	26	297.13	341.70
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	27	304.10	349.72
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	28	315.41	362.72
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	29	324.70	373.41
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	30	329.34	378.74
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	31	336.30	386.75
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	32	343.27	394.76
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	33	347.62	399.76
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	34	352.26	405.10
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	35	354.58	407.77
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	36	356.90	410.44
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	37	359.23	413.11
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	38	361.55	415.78
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	39	366.20	421.13
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	40	370.84	426.47
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	41	377.81	434.48
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	42	384.48	442.15

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	43	393.76	452.82
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	44	405.37	466.18
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	45	419.01	481.86
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	46	435.26	500.55
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	47	453.53	521.56
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	48	474.43	545.59
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	49	495.03	569.28
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	50	518.25	595.99
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	51	541.17	622.35
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	52	566.41	651.37
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	53	591.95	680.74
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	54	619.51	712.44
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	55	647.08	744.14
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	56	676.97	778.52
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	57	707.15	813.22
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	58	739.35	850.25
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	59	755.31	868.61
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	60	787.52	905.65
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	61	815.38	937.69
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	62	833.66	958.71
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	63	856.58	985.07
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	64	870.22	1000.75
14002TN0340003	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	870.22	1000.75

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	176.60	176.60
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	21	278.12	319.84
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	22	278.12	319.84
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	23	278.12	319.84
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	24	278.12	319.84
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	25	279.24	321.13
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	26	284.79	327.51
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	27	291.47	335.19
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	28	302.31	347.66
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	29	311.21	357.89
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	30	315.66	363.01
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	31	322.34	370.69
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	32	329.01	378.36
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	33	333.18	383.16
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	34	337.63	388.27
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	35	339.86	390.84
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	36	342.08	393.39
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	37	344.31	395.96
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	38	346.53	398.51
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	39	350.99	403.64
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	40	355.44	408.76
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	41	362.11	416.43
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	42	368.51	423.79

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	43	377.41	434.02
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	44	388.53	446.81
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	45	401.60	461.84
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	46	417.18	479.76
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	47	434.70	499.91
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	48	454.72	522.93
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	49	474.47	545.64
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	50	496.72	571.23
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	51	518.69	596.49
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	52	542.89	624.32
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	53	567.36	652.46
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	54	593.78	682.85
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	55	620.20	713.23
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	56	648.85	746.18
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	57	677.78	779.45
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	58	708.64	814.94
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	59	723.94	832.53
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	60	754.81	868.03
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	61	781.52	898.75
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	62	799.04	918.90
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	63	821.01	944.16
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	64	834.08	959.19
14002TN0340003	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	834.08	959.19

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	165.08	165.08
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	21	259.97	298.97
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	22	259.97	298.97
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	23	259.97	298.97
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	24	259.97	298.97
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	25	261.02	300.17
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	26	266.21	306.14
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	27	272.45	313.32
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	28	282.59	324.98
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	29	290.91	334.55
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	30	295.07	339.33
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	31	301.31	346.51
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	32	307.55	353.68
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	33	311.45	358.17
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	34	315.61	362.95
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	35	317.68	365.33
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	36	319.76	367.72
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	37	321.84	370.12
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	38	323.92	372.51
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	39	328.09	377.30
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	40	332.25	382.09
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	41	338.49	389.26
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	42	344.47	396.14

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	43	352.79	405.71
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	44	363.19	417.67
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	45	375.40	431.71
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	46	389.96	448.45
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	47	406.34	467.29
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	48	425.06	488.82
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	49	443.51	510.04
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	50	464.32	533.97
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	51	484.86	557.59
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	52	507.47	583.59
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	53	530.35	609.90
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	54	555.04	638.30
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	55	579.74	666.70
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	56	606.52	697.50
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	57	633.56	728.59
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	58	662.42	761.78
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	59	676.71	778.22
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	60	705.57	811.41
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	61	730.53	840.11
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	62	746.91	858.95
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	63	767.45	882.57
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	64	779.66	896.61
14002TN0340003	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	779.66	896.61

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	184.78	184.78
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	21	291.00	334.65
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	22	291.00	334.65
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	23	291.00	334.65
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	24	291.00	334.65
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	25	292.17	336.00
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	26	297.99	342.69
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	27	304.97	350.72
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	28	316.32	363.77
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	29	325.63	374.47
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	30	330.29	379.83
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	31	337.27	387.86
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	32	344.25	395.89
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	33	348.62	400.91
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	34	353.27	406.26
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	35	355.60	408.94
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	36	357.93	411.62
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	37	360.26	414.30
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	38	362.59	416.98
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	39	367.25	422.34
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	40	371.91	427.70
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	41	378.89	435.72
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	42	385.58	443.42

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	43	394.90	454.14
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	44	406.54	467.52
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	45	420.21	483.24
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	46	436.51	501.99
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	47	454.84	523.07
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	48	475.79	547.16
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	49	496.45	570.92
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	50	519.74	597.70
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	51	542.73	624.14
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	52	568.04	653.25
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	53	593.65	682.70
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	54	621.29	714.48
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	55	648.93	746.27
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	56	678.92	780.76
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	57	709.18	815.56
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	58	741.48	852.70
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	59	757.48	871.10
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	60	789.78	908.25
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	61	817.73	940.39
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	62	836.06	961.47
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	63	859.05	987.91
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	64	872.72	1003.63
14002TN0340003	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	872.72	1003.63

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	145.94	145.94
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	21	229.83	264.30
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	22	229.83	264.30
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	23	229.83	264.30
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	24	229.83	264.30
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	25	230.75	265.36
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	26	235.34	270.64
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	27	240.86	276.99
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	28	249.83	287.30
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	29	257.17	295.75
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	30	260.86	299.99
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	31	266.37	306.33
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	32	271.89	312.67
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	33	275.33	316.63
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	34	279.01	320.86
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	35	280.85	322.98
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	36	282.69	325.09
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	37	284.53	327.21
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	38	286.36	329.31
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	39	290.05	333.56
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	40	293.72	337.78
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	41	299.24	344.13
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	42	304.53	350.21

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	43	311.88	358.66
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	44	321.07	369.23
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	45	331.87	381.65
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	46	344.75	396.46
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	47	359.22	413.10
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	48	375.77	432.14
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	49	392.09	450.90
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	50	410.47	472.04
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	51	428.63	492.92
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	52	448.62	515.91
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	53	468.85	539.18
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	54	490.69	564.29
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	55	512.52	589.40
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	56	536.19	616.62
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	57	560.09	644.10
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	58	585.60	673.44
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	59	598.25	687.99
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	60	623.75	717.31
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	61	645.82	742.69
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	62	660.30	759.35
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	63	678.45	780.22
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	64	689.26	792.65
14002TN0340012	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	689.26	792.65

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	146.35	146.35
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	21	230.48	265.05
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	22	230.48	265.05
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	23	230.48	265.05
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	24	230.48	265.05
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	25	231.40	266.11
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	26	236.01	271.41
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	27	241.54	277.77
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	28	250.53	288.11
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	29	257.90	296.59
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	30	261.60	300.84
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	31	267.13	307.20
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	32	272.66	313.56
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	33	276.11	317.53
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	34	279.80	321.77
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	35	281.64	323.89
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	36	283.49	326.01
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	37	285.33	328.13
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	38	287.17	330.25
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	39	290.87	334.50
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	40	294.55	338.73
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	41	300.08	345.09
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	42	305.39	351.20

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	43	312.76	359.67
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	44	321.97	370.27
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	45	332.81	382.73
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	46	345.72	397.58
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	47	360.24	414.28
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	48	376.83	433.35
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	49	393.20	452.18
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	50	411.63	473.37
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	51	429.84	494.32
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	52	449.89	517.37
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	53	470.17	540.70
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	54	492.07	565.88
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	55	513.97	591.07
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	56	537.70	618.36
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	57	561.68	645.93
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	58	587.26	675.35
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	59	599.94	689.93
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	60	625.52	719.35
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	61	647.64	744.79
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	62	662.17	761.50
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	63	680.37	782.43
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	64	691.21	794.89
14002TN0340012	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	691.21	794.89

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	146.90	146.90
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	21	231.34	266.04
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	22	231.34	266.04
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	23	231.34	266.04
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	24	231.34	266.04
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	25	232.27	267.11
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	26	236.90	272.44
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	27	242.45	278.82
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	28	251.47	289.19
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	29	258.87	297.70
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	30	262.58	301.97
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	31	268.13	308.35
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	32	273.68	314.73
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	33	277.15	318.72
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	34	280.85	322.98
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	35	282.70	325.11
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	36	284.55	327.23
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	37	286.41	329.37
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	38	288.25	331.49
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	39	291.96	335.75
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	40	295.66	340.01
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	41	301.21	346.39
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	42	306.53	352.51

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	43	313.93	361.02
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	44	323.18	371.66
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	45	334.06	384.17
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	46	347.02	399.07
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	47	361.59	415.83
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	48	378.25	434.99
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	49	394.68	453.88
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	50	413.18	475.16
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	51	431.45	496.17
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	52	451.58	519.32
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	53	471.94	542.73
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	54	493.92	568.01
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	55	515.90	593.29
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	56	539.72	620.68
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	57	563.79	648.36
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	58	589.46	677.88
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	59	602.19	692.52
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	60	627.86	722.04
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	61	650.08	747.59
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	62	664.65	764.35
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	63	682.93	785.37
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	64	693.80	797.87
14002TN0340012	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	693.80	797.87

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	150.85	150.85
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	21	237.56	273.19
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	22	237.56	273.19
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	23	237.56	273.19
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	24	237.56	273.19
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	25	238.52	274.30
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	26	243.27	279.76
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	27	248.97	286.32
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	28	258.24	296.98
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	29	265.83	305.70
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	30	269.64	310.09
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	31	275.34	316.64
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	32	281.04	323.20
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	33	284.60	327.29
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	34	288.41	331.67
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	35	290.30	333.85
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	36	292.20	336.03
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	37	294.11	338.23
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	38	296.00	340.40
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	39	299.81	344.78
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	40	303.61	349.15
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	41	309.31	355.71
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	42	314.78	362.00

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	43	322.37	370.73
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	44	331.87	381.65
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	45	343.04	394.50
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	46	356.35	409.80
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	47	371.31	427.01
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	48	388.42	446.68
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	49	405.29	466.08
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	50	424.29	487.93
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	51	443.06	509.52
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	52	463.73	533.29
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	53	484.63	557.32
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	54	507.20	583.28
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	55	529.77	609.24
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	56	554.24	637.38
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	57	578.95	665.79
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	58	605.31	696.11
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	59	618.39	711.15
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	60	644.75	741.46
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	61	667.56	767.69
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	62	682.52	784.90
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	63	701.29	806.48
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	64	712.46	819.33
14002TN0340012	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	712.46	819.33

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	167.85	167.85
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	21	264.33	303.98
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	22	264.33	303.98
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	23	264.33	303.98
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	24	264.33	303.98
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	25	265.39	305.20
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	26	270.68	311.28
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	27	277.02	318.57
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	28	287.33	330.43
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	29	295.79	340.16
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	30	300.02	345.02
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	31	306.37	352.33
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	32	312.71	359.62
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	33	316.67	364.17
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	34	320.90	369.04
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	35	323.01	371.46
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	36	325.13	373.90
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	37	327.25	376.34
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	38	329.36	378.76
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	39	333.59	383.63
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	40	337.82	388.49
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	41	344.16	395.78
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	42	350.25	402.79

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	43	358.70	412.51
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	44	369.27	424.66
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	45	381.70	438.96
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	46	396.51	455.99
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	47	413.15	475.12
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	48	432.18	497.01
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	49	450.96	518.60
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	50	472.10	542.92
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	51	492.98	566.93
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	52	515.98	593.38
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	53	539.24	620.13
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	54	564.36	649.01
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	55	589.46	677.88
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	56	616.69	709.19
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	57	644.19	740.82
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	58	673.52	774.55
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	59	688.07	791.28
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	60	717.40	825.01
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	61	742.78	854.20
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	62	759.43	873.34
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	63	780.31	897.36
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	64	792.74	911.65
14002TN0340004	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	792.74	911.65

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	157.77	157.77
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	21	248.46	285.73
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	22	248.46	285.73
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	23	248.46	285.73
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	24	248.46	285.73
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	25	249.46	286.88
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	26	254.43	292.59
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	27	260.39	299.45
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	28	270.08	310.59
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	29	278.03	319.73
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	30	282.01	324.31
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	31	287.97	331.17
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	32	293.94	338.03
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	33	297.65	342.30
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	34	301.64	346.89
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	35	303.62	349.16
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	36	305.61	351.45
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	37	307.60	353.74
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	38	309.58	356.02
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	39	313.56	360.59
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	40	317.54	365.17
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	41	323.50	372.03
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	42	329.22	378.60

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	43	337.16	387.73
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	44	347.10	399.17
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	45	358.78	412.60
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	46	372.70	428.61
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	47	388.35	446.60
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	48	406.24	467.18
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	49	423.88	487.46
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	50	443.75	510.31
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	51	463.38	532.89
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	52	485.00	557.75
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	53	506.86	582.89
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	54	530.47	610.04
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	55	554.07	637.18
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	56	579.66	666.61
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	57	605.51	696.34
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	58	633.08	728.04
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	59	646.75	743.76
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	60	674.33	775.48
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	61	698.18	802.91
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	62	713.84	820.92
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	63	733.46	843.48
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	64	745.15	856.92
14002TN0340004	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	745.15	856.92

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	162.61	162.61
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	21	256.09	294.50
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	22	256.09	294.50
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	23	256.09	294.50
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	24	256.09	294.50
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	25	257.11	295.68
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	26	262.23	301.56
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	27	268.38	308.64
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	28	278.37	320.13
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	29	286.56	329.54
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	30	290.66	334.26
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	31	296.81	341.33
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	32	302.95	348.39
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	33	306.79	352.81
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	34	310.89	357.52
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	35	312.93	359.87
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	36	314.99	362.24
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	37	317.04	364.60
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	38	319.08	366.94
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	39	323.18	371.66
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	40	327.28	376.37
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	41	333.43	383.44
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	42	339.32	390.22

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	43	347.51	399.64
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	44	357.75	411.41
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	45	369.79	425.26
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	46	384.14	441.76
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	47	400.26	460.30
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	48	418.70	481.51
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	49	436.89	502.42
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	50	457.37	525.98
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	51	477.60	549.24
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	52	499.88	574.86
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	53	522.41	600.77
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	54	546.75	628.76
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	55	571.07	656.73
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	56	597.45	687.07
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	57	624.09	717.70
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	58	652.51	750.39
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	59	666.60	766.59
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	60	695.02	799.27
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	61	719.60	827.54
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	62	735.74	846.10
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	63	755.97	869.37
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	64	768.01	883.21
14002TN0340004	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	768.01	883.21

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	172.83	172.83
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	21	272.17	313.00
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	22	272.17	313.00
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	23	272.17	313.00
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	24	272.17	313.00
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	25	273.26	314.25
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	26	278.70	320.51
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	27	285.23	328.01
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	28	295.85	340.23
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	29	304.55	350.23
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	30	308.92	355.26
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	31	315.45	362.77
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	32	321.98	370.28
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	33	326.05	374.96
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	34	330.42	379.98
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	35	332.59	382.48
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	36	334.77	384.99
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	37	336.95	387.49
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	38	339.12	389.99
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	39	343.48	395.00
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	40	347.83	400.00
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	41	354.36	407.51
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	42	360.63	414.72

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	43	369.33	424.73
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	44	380.22	437.25
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	45	393.01	451.96
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	46	408.26	469.50
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	47	425.40	489.21
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	48	444.99	511.74
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	49	464.32	533.97
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	50	486.09	559.00
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	51	507.59	583.73
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	52	531.27	610.96
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	53	555.22	638.50
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	54	581.08	668.24
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	55	606.94	697.98
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	56	634.97	730.22
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	57	663.28	762.77
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	58	693.48	797.50
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	59	708.46	814.73
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	60	738.66	849.46
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	61	764.79	879.51
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	62	781.94	899.23
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	63	803.44	923.96
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	64	816.24	938.68
14002TN0340004	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	816.24	938.68

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	174.88	174.88
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	21	275.40	316.71
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	22	275.40	316.71
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	23	275.40	316.71
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	24	275.40	316.71
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	25	276.50	317.98
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	26	282.01	324.31
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	27	288.62	331.91
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	28	299.36	344.26
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	29	308.17	354.40
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	30	312.58	359.47
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	31	319.19	367.07
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	32	325.80	374.67
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	33	329.92	379.41
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	34	334.34	384.49
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	35	336.53	387.01
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	36	338.74	389.55
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	37	340.95	392.09
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	38	343.14	394.61
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	39	347.56	399.69
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	40	351.96	404.75
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	41	358.57	412.36
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	42	364.91	419.65

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	43	373.72	429.78
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	44	384.73	442.44
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	45	397.68	457.33
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	46	413.10	475.07
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	47	430.45	495.02
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	48	450.28	517.82
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	49	469.84	540.32
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	50	491.86	565.64
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	51	513.62	590.66
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	52	537.58	618.22
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	53	561.81	646.08
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	54	587.98	676.18
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	55	614.14	706.26
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	56	642.51	738.89
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	57	671.15	771.82
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	58	701.71	806.97
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	59	716.87	824.40
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	60	747.43	859.54
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	61	773.87	889.95
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	62	791.22	909.90
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	63	812.98	934.93
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	64	825.93	949.82
14002TN0340004	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	825.93	949.82

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	167.61	167.61
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	21	263.96	303.55
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	22	263.96	303.55
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	23	263.96	303.55
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	24	263.96	303.55
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	25	265.02	304.77
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	26	270.30	310.85
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	27	276.63	318.12
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	28	286.93	329.97
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	29	295.37	339.68
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	30	299.60	344.54
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	31	305.93	351.82
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	32	312.27	359.11
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	33	316.22	363.65
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	34	320.45	368.52
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	35	322.56	370.94
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	36	324.67	373.37
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	37	326.79	375.81
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	38	328.89	378.22
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	39	333.12	383.09
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	40	337.34	387.94
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	41	343.68	395.23
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	42	349.75	402.21

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	43	358.19	411.92
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	44	368.75	424.06
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	45	381.16	438.33
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	46	395.95	455.34
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	47	412.57	474.46
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	48	431.57	496.31
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	49	450.32	517.87
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	50	471.43	542.14
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	51	492.28	566.12
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	52	515.25	592.54
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	53	538.48	619.25
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	54	563.56	648.09
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	55	588.63	676.92
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	56	615.82	708.19
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	57	643.28	739.77
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	58	672.57	773.46
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	59	687.09	790.15
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	60	716.39	823.85
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	61	741.73	852.99
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	62	758.36	872.11
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	63	779.21	896.09
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	64	791.62	910.36
14002TN0340004	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	791.62	910.36

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	156.68	156.68
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	21	246.74	283.75
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	22	246.74	283.75
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	23	246.74	283.75
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	24	246.74	283.75
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	25	247.73	284.89
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	26	252.66	290.56
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	27	258.59	297.38
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	28	268.21	308.44
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	29	276.10	317.52
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	30	280.05	322.06
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	31	285.98	328.88
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	32	291.90	335.69
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	33	295.59	339.93
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	34	299.55	344.48
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	35	301.51	346.74
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	36	303.49	349.01
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	37	305.47	351.29
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	38	307.44	353.56
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	39	311.39	358.10
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	40	315.33	362.63
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	41	321.26	369.45
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	42	326.94	375.98

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	43	334.83	385.05
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	44	344.69	396.39
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	45	356.30	409.75
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	46	370.12	425.64
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	47	385.65	443.50
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	48	403.42	463.93
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	49	420.94	484.08
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	50	440.68	506.78
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	51	460.17	529.20
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	52	481.64	553.89
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	53	503.35	578.85
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	54	526.80	605.82
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	55	550.23	632.76
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	56	575.65	662.00
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	57	601.31	691.51
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	58	628.69	722.99
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	59	642.27	738.61
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	60	669.65	770.10
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	61	693.34	797.34
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	62	708.89	815.22
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	63	728.38	837.64
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	64	739.98	850.98
14002TN0340004	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	739.98	850.98

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	175.38	175.38
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	21	276.19	317.62
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	22	276.19	317.62
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	23	276.19	317.62
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	24	276.19	317.62
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	25	277.30	318.90
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	26	282.82	325.24
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	27	289.45	332.87
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	28	300.22	345.25
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	29	309.05	355.41
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	30	313.48	360.50
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	31	320.11	368.13
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	32	326.74	375.75
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	33	330.87	380.50
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	34	335.30	385.60
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	35	337.50	388.13
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	36	339.71	390.67
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	37	341.93	393.22
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	38	344.13	395.75
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	39	348.56	400.84
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	40	352.97	405.92
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	41	359.60	413.54
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	42	365.96	420.85

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	43	374.79	431.01
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	44	385.83	443.70
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	45	398.82	458.64
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	46	414.29	476.43
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	47	431.68	496.43
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	48	451.57	519.31
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	49	471.19	541.87
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	50	493.27	567.26
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	51	515.09	592.35
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	52	539.12	619.99
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	53	563.43	647.94
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	54	589.67	678.12
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	55	615.90	708.29
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	56	644.35	741.00
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	57	673.08	774.04
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	58	703.73	809.29
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	59	718.93	826.77
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	60	749.58	862.02
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	61	776.09	892.50
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	62	793.50	912.53
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	63	815.32	937.62
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	64	828.30	952.55
14002TN0340004	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	828.30	952.55

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	118.49	118.49
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	21	186.60	214.59
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	22	186.60	214.59
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	23	186.60	214.59
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	24	186.60	214.59
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	25	187.35	215.45
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	26	191.09	219.75
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	27	195.56	224.89
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	28	202.84	233.27
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	29	208.81	240.13
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	30	211.79	243.56
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	31	216.27	248.71
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	32	220.75	253.86
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	33	223.55	257.08
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	34	226.54	260.52
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	35	228.03	262.23
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	36	229.52	263.95
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	37	231.01	265.66
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	38	232.50	267.38
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	39	235.49	270.81
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	40	238.48	274.25
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	41	242.95	279.39
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	42	247.25	284.34

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	43	253.22	291.20
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	44	260.68	299.78
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	45	269.46	309.88
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	46	279.91	321.90
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	47	291.66	335.41
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	48	305.09	350.85
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	49	318.35	366.10
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	50	333.27	383.26
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	51	348.01	400.21
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	52	364.25	418.89
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	53	380.67	437.77
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	54	398.40	458.16
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	55	416.13	478.55
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	56	435.34	500.64
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	57	454.75	522.96
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	58	475.47	546.79
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	59	485.73	558.59
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	60	506.44	582.41
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	61	524.36	603.01
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	62	536.11	616.53
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	63	550.85	633.48
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	64	559.63	643.57
14002TN0340013	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	559.63	643.57

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	118.82	118.82
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	21	187.13	215.20
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	22	187.13	215.20
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	23	187.13	215.20
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	24	187.13	215.20
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	25	187.88	216.06
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	26	191.63	220.37
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	27	196.11	225.53
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	28	203.41	233.92
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	29	209.40	240.81
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	30	212.39	244.25
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	31	216.88	249.41
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	32	221.38	254.59
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	33	224.18	257.81
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	34	227.18	261.26
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	35	228.68	262.98
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	36	230.17	264.70
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	37	231.66	266.41
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	38	233.16	268.13
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	39	236.16	271.58
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	40	239.16	275.03
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	41	243.64	280.19
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	42	247.95	285.14

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	43	253.94	292.03
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	44	261.42	300.63
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	45	270.22	310.75
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	46	280.70	322.81
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	47	292.49	336.36
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	48	305.95	351.84
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	49	319.25	367.14
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	50	334.21	384.34
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	51	349.00	401.35
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	52	365.28	420.07
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	53	381.74	439.00
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	54	399.52	459.45
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	55	417.30	479.90
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	56	436.57	502.06
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	57	456.04	524.45
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	58	476.81	548.33
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	59	487.10	560.17
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	60	507.87	584.05
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	61	525.84	604.72
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	62	537.63	618.27
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	63	552.41	635.27
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	64	561.21	645.39
14002TN0340013	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	561.21	645.39

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	119.27	119.27
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	21	187.83	216.00
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	22	187.83	216.00
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	23	187.83	216.00
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	24	187.83	216.00
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	25	188.59	216.88
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	26	192.35	221.20
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	27	196.85	226.38
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	28	204.18	234.81
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	29	210.18	241.71
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	30	213.19	245.17
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	31	217.69	250.34
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	32	222.21	255.54
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	33	225.02	258.77
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	34	228.03	262.23
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	35	229.53	263.96
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	36	231.04	265.70
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	37	232.53	267.41
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	38	234.04	269.15
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	39	237.05	272.61
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	40	240.05	276.06
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	41	244.56	281.24
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	42	248.88	286.21

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	43	254.89	293.12
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	44	262.40	301.76
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	45	271.23	311.91
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	46	281.75	324.01
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	47	293.58	337.62
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	48	307.10	353.17
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	49	320.45	368.52
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	50	335.47	385.79
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	51	350.31	402.86
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	52	366.65	421.65
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	53	383.18	440.66
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	54	401.02	461.17
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	55	418.87	481.70
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	56	438.21	503.94
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	57	457.75	526.41
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	58	478.60	550.39
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	59	488.93	562.27
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	60	509.78	586.25
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	61	527.81	606.98
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	62	539.65	620.60
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	63	554.48	637.65
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	64	563.32	647.82
14002TN0340013	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	563.32	647.82

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	122.48	122.48
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	21	192.88	221.81
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	22	192.88	221.81
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	23	192.88	221.81
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	24	192.88	221.81
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	25	193.66	222.71
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	26	197.52	227.15
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	27	202.14	232.46
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	28	209.67	241.12
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	29	215.83	248.20
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	30	218.92	251.76
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	31	223.55	257.08
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	32	228.18	262.41
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	33	231.07	265.73
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	34	234.16	269.28
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	35	235.71	271.07
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	36	237.25	272.84
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	37	238.79	274.61
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	38	240.33	276.38
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	39	243.42	279.93
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	40	246.51	283.49
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	41	251.13	288.80
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	42	255.57	293.91

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	43	261.75	301.01
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	44	269.46	309.88
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	45	278.53	320.31
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	46	289.33	332.73
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	47	301.48	346.70
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	48	315.36	362.66
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	49	329.06	378.42
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	50	344.49	396.16
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	51	359.73	413.69
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	52	376.51	432.99
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	53	393.48	452.50
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	54	411.81	473.58
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	55	430.13	494.65
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	56	450.00	517.50
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	57	470.06	540.57
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	58	491.47	565.19
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	59	502.08	577.39
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	60	523.48	602.00
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	61	542.01	623.31
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	62	554.16	637.28
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	63	569.39	654.80
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	64	578.46	665.23
14002TN0340013	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	578.46	665.23

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	136.28	136.28
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	21	214.62	246.81
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	22	214.62	246.81
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	23	214.62	246.81
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	24	214.62	246.81
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	25	215.48	247.80
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	26	219.77	252.74
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	27	224.92	258.66
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	28	233.29	268.28
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	29	240.16	276.18
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	30	243.59	280.13
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	31	248.74	286.05
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	32	253.89	291.97
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	33	257.11	295.68
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	34	260.55	299.63
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	35	262.27	301.61
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	36	263.98	303.58
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	37	265.69	305.54
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	38	267.41	307.52
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	39	270.85	311.48
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	40	274.29	315.43
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	41	279.43	321.34
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	42	284.37	327.03

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	43	291.24	334.93
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	44	299.82	344.79
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	45	309.91	356.40
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	46	321.93	370.22
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	47	335.45	385.77
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	48	350.90	403.54
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	49	366.14	421.06
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	50	383.31	440.81
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	51	400.26	460.30
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	52	418.94	481.78
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	53	437.82	503.49
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	54	458.21	526.94
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	55	478.60	550.39
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	56	500.70	575.81
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	57	523.02	601.47
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	58	546.85	628.88
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	59	558.65	642.45
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	60	582.47	669.84
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	61	603.08	693.54
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	62	616.60	709.09
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	63	633.55	728.58
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	64	643.65	740.20
14002TN0340005	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	643.65	740.20

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	128.10	128.10
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	21	201.73	231.99
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	22	201.73	231.99
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	23	201.73	231.99
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	24	201.73	231.99
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	25	202.54	232.92
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	26	206.58	237.57
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	27	211.41	243.12
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	28	219.28	252.17
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	29	225.74	259.60
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	30	228.97	263.32
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	31	233.80	268.87
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	32	238.65	274.45
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	33	241.67	277.92
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	34	244.90	281.64
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	35	246.52	283.50
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	36	248.13	285.35
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	37	249.74	287.20
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	38	251.36	289.06
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	39	254.59	292.78
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	40	257.82	296.49
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	41	262.65	302.05
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	42	267.29	307.38

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	43	273.75	314.81
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	44	281.82	324.09
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	45	291.31	335.01
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	46	302.60	347.99
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	47	315.31	362.61
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	48	329.83	379.30
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	49	344.16	395.78
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	50	360.29	414.33
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	51	376.23	432.66
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	52	393.78	452.85
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	53	411.53	473.26
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	54	430.70	495.31
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	55	449.87	517.35
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	56	470.64	541.24
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	57	491.62	565.36
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	58	514.02	591.12
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	59	525.11	603.88
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	60	547.50	629.63
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	61	566.87	651.90
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	62	579.58	666.52
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	63	595.52	684.85
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	64	605.00	695.75
14002TN0340005	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	605.00	695.75

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	132.03	132.03
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	21	207.92	239.11
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	22	207.92	239.11
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	23	207.92	239.11
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	24	207.92	239.11
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	25	208.75	240.06
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	26	212.92	244.86
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	27	217.90	250.59
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	28	226.01	259.91
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	29	232.66	267.56
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	30	235.99	271.39
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	31	240.98	277.13
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	32	245.97	282.87
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	33	249.09	286.45
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	34	252.42	290.28
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	35	254.08	292.19
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	36	255.75	294.11
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	37	257.40	296.01
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	38	259.07	297.93
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	39	262.40	301.76
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	40	265.73	305.59
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	41	270.71	311.32
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	42	275.49	316.81

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	43	282.15	324.47
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	44	290.47	334.04
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	45	300.24	345.28
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	46	311.89	358.67
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	47	324.98	373.73
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	48	339.95	390.94
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	49	354.72	407.93
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	50	371.35	427.05
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	51	387.77	445.94
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	52	405.87	466.75
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	53	424.16	487.78
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	54	443.92	510.51
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	55	463.67	533.22
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	56	485.08	557.84
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	57	506.71	582.72
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	58	529.79	609.26
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	59	541.22	622.40
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	60	564.30	648.95
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	61	584.27	671.91
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	62	597.36	686.96
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	63	613.79	705.86
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	64	623.56	717.09
14002TN0340005	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	623.56	717.09

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	140.32	140.32
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	21	220.98	254.13
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	22	220.98	254.13
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	23	220.98	254.13
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	24	220.98	254.13
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	25	221.86	255.14
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	26	226.29	260.23
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	27	231.59	266.33
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	28	240.21	276.24
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	29	247.27	284.36
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	30	250.81	288.43
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	31	256.11	294.53
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	32	261.42	300.63
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	33	264.73	304.44
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	34	268.27	308.51
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	35	270.04	310.55
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	36	271.81	312.58
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	37	273.57	314.61
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	38	275.34	316.64
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	39	278.88	320.71
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	40	282.42	324.78
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	41	287.71	330.87
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	42	292.80	336.72

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	43	299.87	344.85
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	44	308.71	355.02
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	45	319.10	366.97
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	46	331.48	381.20
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	47	345.39	397.20
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	48	361.30	415.50
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	49	377.00	433.55
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	50	394.67	453.87
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	51	412.13	473.95
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	52	431.35	496.05
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	53	450.80	518.42
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	54	471.79	542.56
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	55	492.79	566.71
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	56	515.54	592.87
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	57	538.53	619.31
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	58	563.06	647.52
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	59	575.21	661.49
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	60	599.74	689.70
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	61	620.96	714.10
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	62	634.88	730.11
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	63	652.33	750.18
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	64	662.72	762.13
14002TN0340005	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	662.72	762.13

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	141.98	141.98
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	21	223.60	257.14
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	22	223.60	257.14
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	23	223.60	257.14
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	24	223.60	257.14
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	25	224.50	258.18
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	26	228.97	263.32
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	27	234.33	269.48
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	28	243.06	279.52
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	29	250.21	287.74
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	30	253.79	291.86
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	31	259.15	298.02
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	32	264.52	304.20
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	33	267.87	308.05
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	34	271.45	312.17
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	35	273.24	314.23
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	36	275.04	316.30
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	37	276.82	318.34
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	38	278.61	320.40
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	39	282.19	324.52
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	40	285.77	328.64
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	41	291.13	334.80
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	42	296.27	340.71

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	43	303.43	348.94
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	44	312.37	359.23
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	45	322.89	371.32
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	46	335.41	385.72
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	47	349.49	401.91
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	48	365.59	420.43
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	49	381.47	438.69
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	50	399.35	459.25
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	51	417.02	479.57
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	52	436.47	501.94
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	53	456.15	524.57
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	54	477.39	549.00
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	55	498.64	573.44
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	56	521.66	599.91
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	57	544.92	626.66
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	58	569.74	655.20
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	59	582.04	669.35
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	60	606.85	697.88
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	61	628.33	722.58
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	62	642.41	738.77
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	63	660.08	759.09
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	64	670.59	771.18
14002TN0340005	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	670.59	771.18

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	136.09	136.09
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	21	214.32	246.47
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	22	214.32	246.47
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	23	214.32	246.47
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	24	214.32	246.47
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	25	215.17	247.45
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	26	219.46	252.38
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	27	224.60	258.29
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	28	232.96	267.90
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	29	239.82	275.79
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	30	243.25	279.74
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	31	248.39	285.65
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	32	253.54	291.57
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	33	256.75	295.26
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	34	260.18	299.21
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	35	261.90	301.19
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	36	263.61	303.15
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	37	265.32	305.12
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	38	267.03	307.08
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	39	270.47	311.04
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	40	273.90	314.99
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	41	279.04	320.90
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	42	283.96	326.55

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	43	290.83	334.45
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	44	299.40	344.31
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	45	309.48	355.90
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	46	321.48	369.70
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	47	334.98	385.23
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	48	350.40	402.96
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	49	365.63	420.47
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	50	382.77	440.19
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	51	399.70	459.66
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	52	418.34	481.09
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	53	437.20	502.78
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	54	457.56	526.19
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	55	477.93	549.62
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	56	500.00	575.00
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	57	522.28	600.62
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	58	546.08	627.99
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	59	557.86	641.54
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	60	581.65	668.90
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	61	602.23	692.56
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	62	615.73	708.09
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	63	632.66	727.56
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	64	642.74	739.15
14002TN0340005	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	642.74	739.15

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	127.21	127.21
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	21	200.33	230.38
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	22	200.33	230.38
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	23	200.33	230.38
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	24	200.33	230.38
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	25	201.14	231.31
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	26	205.15	235.92
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	27	209.95	241.44
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	28	217.76	250.42
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	29	224.17	257.80
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	30	227.38	261.49
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	31	232.18	267.01
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	32	237.00	272.55
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	33	240.00	276.00
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	34	243.21	279.69
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	35	244.81	281.53
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	36	246.41	283.37
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	37	248.01	285.21
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	38	249.61	287.05
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	39	252.82	290.74
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	40	256.03	294.43
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	41	260.83	299.95
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	42	265.44	305.26

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	43	271.86	312.64
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	44	279.87	321.85
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	45	289.29	332.68
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	46	300.51	345.59
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	47	313.12	360.09
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	48	327.54	376.67
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	49	341.77	393.04
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	50	357.80	411.47
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	51	373.62	429.66
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	52	391.05	449.71
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	53	408.68	469.98
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	54	427.71	491.87
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	55	446.75	513.76
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	56	467.38	537.49
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	57	488.21	561.44
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	58	510.46	587.03
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	59	521.47	599.69
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	60	543.70	625.26
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	61	562.94	647.38
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	62	575.56	661.89
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	63	591.39	680.10
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	64	600.81	690.93
14002TN0340005	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	600.81	690.93

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	142.39	142.39
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	21	224.25	257.89
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	22	224.25	257.89
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	23	224.25	257.89
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	24	224.25	257.89
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	25	225.14	258.91
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	26	229.63	264.07
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	27	235.01	270.26
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	28	243.76	280.32
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	29	250.93	288.57
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	30	254.52	292.70
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	31	259.90	298.89
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	32	265.28	305.07
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	33	268.64	308.94
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	34	272.23	313.06
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	35	274.03	315.13
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	36	275.83	317.20
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	37	277.61	319.25
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	38	279.41	321.32
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	39	283.00	325.45
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	40	286.59	329.58
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	41	291.96	335.75
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	42	297.12	341.69

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	43	304.30	349.95
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	44	313.27	360.26
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	45	323.81	372.38
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	46	336.37	386.83
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	47	350.50	403.08
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	48	366.64	421.64
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	49	382.57	439.96
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	50	400.50	460.58
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	51	418.22	480.95
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	52	437.73	503.39
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	53	457.46	526.08
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	54	478.76	550.57
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	55	500.07	575.08
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	56	523.16	601.63
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	57	546.48	628.45
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	58	571.38	657.09
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	59	583.71	671.27
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	60	608.60	699.89
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	61	630.13	724.65
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	62	644.26	740.90
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	63	661.97	761.27
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	64	672.52	773.40
14002TN0340005	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	672.52	773.40

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	119.11	119.11
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	21	187.58	215.72
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	22	187.58	215.72
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	23	187.58	215.72
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	24	187.58	215.72
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	25	188.33	216.58
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	26	192.08	220.89
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	27	196.59	226.08
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	28	203.91	234.50
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	29	209.91	241.40
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	30	212.91	244.85
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	31	217.41	250.02
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	32	221.91	255.20
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	33	224.73	258.44
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	34	227.73	261.89
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	35	229.23	263.61
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	36	230.73	265.34
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	37	232.23	267.06
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	38	233.73	268.79
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	39	236.73	272.24
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	40	239.73	275.69
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	41	244.23	280.86
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	42	248.55	285.83

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	43	254.55	292.73
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	44	262.06	301.37
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	45	270.87	311.50
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	46	281.38	323.59
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	47	293.19	337.17
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	48	306.70	352.71
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	49	320.02	368.02
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	50	335.03	385.28
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	51	349.85	402.33
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	52	366.16	421.08
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	53	382.67	440.07
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	54	400.49	460.56
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	55	418.32	481.07
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	56	437.64	503.29
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	57	457.15	525.72
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	58	477.97	549.67
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	59	488.28	561.52
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	60	509.10	585.47
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	61	527.11	606.18
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	62	538.93	619.77
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	63	553.74	636.80
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	64	562.56	646.94
14002TN0340015	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	562.56	646.94

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	119.45	119.45
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	21	188.11	216.33
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	22	188.11	216.33
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	23	188.11	216.33
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	24	188.11	216.33
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	25	188.86	217.19
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	26	192.63	221.52
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	27	197.15	226.72
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	28	204.48	235.15
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	29	210.50	242.08
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	30	213.51	245.54
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	31	218.02	250.72
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	32	222.54	255.92
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	33	225.36	259.16
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	34	228.37	262.63
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	35	229.88	264.36
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	36	231.38	266.09
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	37	232.88	267.81
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	38	234.39	269.55
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	39	237.40	273.01
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	40	240.41	276.47
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	41	244.92	281.66
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	42	249.25	286.64

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	43	255.27	293.56
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	44	262.80	302.22
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	45	271.64	312.39
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	46	282.17	324.50
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	47	294.02	338.12
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	48	307.57	353.71
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	49	320.92	369.06
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	50	335.97	386.37
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	51	350.84	403.47
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	52	367.20	422.28
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	53	383.76	441.32
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	54	401.62	461.86
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	55	419.50	482.43
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	56	438.87	504.70
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	57	458.44	527.21
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	58	479.32	551.22
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	59	489.66	563.11
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	60	510.54	587.12
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	61	528.60	607.89
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	62	540.46	621.53
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	63	555.31	638.61
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	64	564.15	648.77
14002TN0340015	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	564.15	648.77

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	119.90	119.90
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	21	188.82	217.14
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	22	188.82	217.14
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	23	188.82	217.14
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	24	188.82	217.14
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	25	189.57	218.01
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	26	193.35	222.35
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	27	197.89	227.57
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	28	205.25	236.04
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	29	211.29	242.98
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	30	214.31	246.46
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	31	218.84	251.67
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	32	223.38	256.89
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	33	226.21	260.14
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	34	229.23	263.61
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	35	230.74	265.35
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	36	232.25	267.09
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	37	233.76	268.82
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	38	235.27	270.56
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	39	238.30	274.05
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	40	241.31	277.51
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	41	245.84	282.72
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	42	250.19	287.72

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	43	256.23	294.66
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	44	263.78	303.35
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	45	272.66	313.56
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	46	283.23	325.71
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	47	295.12	339.39
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	48	308.72	355.03
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	49	322.13	370.45
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	50	337.24	387.83
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	51	352.15	404.97
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	52	368.57	423.86
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	53	385.20	442.98
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	54	403.13	463.60
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	55	421.07	484.23
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	56	440.52	506.60
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	57	460.16	529.18
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	58	481.12	553.29
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	59	491.50	565.23
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	60	512.46	589.33
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	61	530.59	610.18
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	62	542.49	623.86
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	63	557.40	641.01
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	64	566.27	651.21
14002TN0340015	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	566.27	651.21

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	123.12	123.12
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	21	193.90	222.99
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	22	193.90	222.99
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	23	193.90	222.99
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	24	193.90	222.99
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	25	194.67	223.87
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	26	198.55	228.33
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	27	203.21	233.69
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	28	210.77	242.39
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	29	216.98	249.53
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	30	220.07	253.08
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	31	224.72	258.43
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	32	229.38	263.79
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	33	232.29	267.13
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	34	235.39	270.70
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	35	236.95	272.49
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	36	238.50	274.28
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	37	240.04	276.05
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	38	241.60	277.84
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	39	244.70	281.41
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	40	247.80	284.97
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	41	252.45	290.32
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	42	256.92	295.46

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	43	263.12	302.59
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	44	270.88	311.51
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	45	279.99	321.99
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	46	290.85	334.48
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	47	303.06	348.52
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	48	317.02	364.57
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	49	330.79	380.41
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	50	346.30	398.25
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	51	361.62	415.86
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	52	378.49	435.26
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	53	395.56	454.89
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	54	413.97	476.07
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	55	432.40	497.26
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	56	452.37	520.23
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	57	472.53	543.41
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	58	494.06	568.17
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	59	504.72	580.43
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	60	526.24	605.18
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	61	544.85	626.58
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	62	557.07	640.63
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	63	572.38	658.24
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	64	581.50	668.73
14002TN0340015	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	581.50	668.73

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	137.00	137.00
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	21	215.75	248.11
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	22	215.75	248.11
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	23	215.75	248.11
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	24	215.75	248.11
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	25	216.61	249.10
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	26	220.92	254.06
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	27	226.11	260.03
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	28	234.52	269.70
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	29	241.42	277.63
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	30	244.87	281.60
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	31	250.05	287.56
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	32	255.23	293.51
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	33	258.47	297.24
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	34	261.92	301.21
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	35	263.64	303.19
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	36	265.37	305.18
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	37	267.09	307.15
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	38	268.82	309.14
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	39	272.28	313.12
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	40	275.72	317.08
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	41	280.90	323.04
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	42	285.87	328.75

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	43	292.77	336.69
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	44	301.40	346.61
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	45	311.54	358.27
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	46	323.62	372.16
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	47	337.21	387.79
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	48	352.75	405.66
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	49	368.06	423.27
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	50	385.33	443.13
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	51	402.37	462.73
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	52	421.13	484.30
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	53	440.13	506.15
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	54	460.62	529.71
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	55	481.12	553.29
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	56	503.34	578.84
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	57	525.78	604.65
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	58	549.73	632.19
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	59	561.59	645.83
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	60	585.54	673.37
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	61	606.25	697.19
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	62	619.85	712.83
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	63	636.88	732.41
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	64	647.02	744.07
14002TN0340007	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	647.02	744.07

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	128.77	128.77
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	21	202.79	233.21
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	22	202.79	233.21
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	23	202.79	233.21
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	24	202.79	233.21
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	25	203.60	234.14
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	26	207.66	238.81
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	27	212.53	244.41
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	28	220.44	253.51
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	29	226.93	260.97
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	30	230.17	264.70
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	31	235.03	270.28
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	32	239.91	275.90
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	33	242.95	279.39
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	34	246.19	283.12
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	35	247.82	284.99
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	36	249.44	286.86
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	37	251.06	288.72
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	38	252.68	290.58
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	39	255.93	294.32
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	40	259.17	298.05
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	41	264.03	303.63
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	42	268.70	309.01

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	43	275.19	316.47
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	44	283.30	325.80
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	45	292.84	336.77
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	46	304.19	349.82
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	47	316.96	364.50
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	48	331.57	381.31
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	49	345.96	397.85
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	50	362.19	416.52
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	51	378.21	434.94
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	52	395.85	455.23
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	53	413.70	475.76
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	54	432.96	497.90
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	55	452.23	520.06
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	56	473.12	544.09
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	57	494.21	568.34
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	58	516.72	594.23
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	59	527.87	607.05
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	60	550.38	632.94
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	61	569.85	655.33
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	62	582.63	670.02
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	63	598.64	688.44
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	64	608.17	699.40
14002TN0340007	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	608.17	699.40

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	132.72	132.72
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	21	209.02	240.37
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	22	209.02	240.37
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	23	209.02	240.37
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	24	209.02	240.37
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	25	209.85	241.33
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	26	214.03	246.13
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	27	219.05	251.91
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	28	227.20	261.28
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	29	233.89	268.97
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	30	237.23	272.81
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	31	242.25	278.59
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	32	247.27	284.36
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	33	250.41	287.97
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	34	253.74	291.80
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	35	255.42	293.73
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	36	257.09	295.65
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	37	258.76	297.57
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	38	260.43	299.49
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	39	263.78	303.35
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	40	267.12	307.19
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	41	272.14	312.96
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	42	276.95	318.49

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	43	283.63	326.17
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	44	292.00	335.80
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	45	301.82	347.09
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	46	313.52	360.55
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	47	326.69	375.69
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	48	341.74	393.00
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	49	356.58	410.07
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	50	373.30	429.30
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	51	389.82	448.29
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	52	408.00	469.20
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	53	426.40	490.36
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	54	446.25	513.19
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	55	466.11	536.03
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	56	487.64	560.79
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	57	509.38	585.79
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	58	532.58	612.47
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	59	544.07	625.68
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	60	567.27	652.36
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	61	587.33	675.43
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	62	600.51	690.59
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	63	617.01	709.56
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	64	626.84	720.87
14002TN0340007	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	626.84	720.87

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	141.06	141.06
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	21	222.14	255.46
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	22	222.14	255.46
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	23	222.14	255.46
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	24	222.14	255.46
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	25	223.03	256.48
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	26	227.47	261.59
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	27	232.81	267.73
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	28	241.47	277.69
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	29	248.58	285.87
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	30	252.13	289.95
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	31	257.46	296.08
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	32	262.80	302.22
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	33	266.13	306.05
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	34	269.68	310.13
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	35	271.46	312.18
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	36	273.24	314.23
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	37	275.01	316.26
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	38	276.79	318.31
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	39	280.35	322.40
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	40	283.90	326.49
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	41	289.23	332.61
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	42	294.34	338.49

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	43	301.45	346.67
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	44	310.33	356.88
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	45	320.78	368.90
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	46	333.21	383.19
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	47	347.20	399.28
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	48	363.20	417.68
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	49	378.97	435.82
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	50	396.75	456.26
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	51	414.30	476.45
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	52	433.62	498.66
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	53	453.17	521.15
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	54	474.27	545.41
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	55	495.38	569.69
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	56	518.26	596.00
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	57	541.37	622.58
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	58	566.02	650.92
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	59	578.23	664.96
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	60	602.89	693.32
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	61	624.22	717.85
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	62	638.22	733.95
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	63	655.76	754.12
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	64	666.20	766.13
14002TN0340007	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	666.20	766.13

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	142.73	142.73
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	21	224.78	258.50
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	22	224.78	258.50
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	23	224.78	258.50
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	24	224.78	258.50
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	25	225.67	259.52
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	26	230.17	264.70
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	27	235.57	270.91
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	28	244.34	280.99
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	29	251.53	289.26
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	30	255.12	293.39
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	31	260.51	299.59
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	32	265.92	305.81
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	33	269.29	309.68
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	34	272.88	313.81
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	35	274.68	315.88
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	36	276.48	317.95
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	37	278.27	320.01
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	38	280.07	322.08
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	39	283.68	326.23
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	40	287.27	330.36
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	41	292.66	336.56
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	42	297.83	342.50

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	43	305.02	350.77
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	44	314.02	361.12
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	45	324.58	373.27
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	46	337.17	387.75
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	47	351.33	404.03
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	48	367.51	422.64
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	49	383.47	440.99
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	50	401.46	461.68
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	51	419.21	482.09
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	52	438.76	504.57
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	53	458.55	527.33
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	54	479.90	551.89
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	55	501.26	576.45
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	56	524.41	603.07
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	57	547.79	629.96
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	58	572.74	658.65
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	59	585.10	672.87
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	60	610.05	701.56
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	61	631.63	726.37
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	62	645.79	742.66
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	63	663.54	763.07
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	64	674.11	775.23
14002TN0340007	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	674.11	775.23

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	136.80	136.80
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	21	215.44	247.76
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	22	215.44	247.76
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	23	215.44	247.76
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	24	215.44	247.76
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	25	216.30	248.75
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	26	220.61	253.70
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	27	225.79	259.66
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	28	234.19	269.32
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	29	241.08	277.24
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	30	244.53	281.21
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	31	249.69	287.14
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	32	254.87	293.10
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	33	258.10	296.82
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	34	261.55	300.78
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	35	263.27	302.76
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	36	265.00	304.75
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	37	266.71	306.72
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	38	268.44	308.71
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	39	271.89	312.67
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	40	275.33	316.63
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	41	280.50	322.58
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	42	285.46	328.28

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	43	292.36	336.21
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	44	300.98	346.13
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	45	311.10	357.77
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	46	323.16	371.63
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	47	336.73	387.24
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	48	352.25	405.09
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	49	367.54	422.67
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	50	384.78	442.50
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	51	401.80	462.07
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	52	420.54	483.62
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	53	439.51	505.44
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	54	459.97	528.97
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	55	480.44	552.51
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	56	502.63	578.02
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	57	525.04	603.80
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	58	548.95	631.29
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	59	560.80	644.92
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	60	584.71	672.42
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	61	605.39	696.20
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	62	618.97	711.82
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	63	635.98	731.38
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	64	646.11	743.03
14002TN0340007	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	646.11	743.03

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	127.88	127.88
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	21	201.39	231.60
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	22	201.39	231.60
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	23	201.39	231.60
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	24	201.39	231.60
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	25	202.19	232.52
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	26	206.22	237.15
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	27	211.06	242.72
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	28	218.91	251.75
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	29	225.36	259.16
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	30	228.57	262.86
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	31	233.40	268.41
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	32	238.25	273.99
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	33	241.27	277.46
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	34	244.48	281.15
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	35	246.10	283.02
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	36	247.71	284.87
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	37	249.32	286.72
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	38	250.93	288.57
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	39	254.16	292.28
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	40	257.37	295.98
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	41	262.20	301.53
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	42	266.84	306.87

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	43	273.28	314.27
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	44	281.34	323.54
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	45	290.81	334.43
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	46	302.08	347.39
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	47	314.77	361.99
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	48	329.27	378.66
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	49	343.56	395.09
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	50	359.68	413.63
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	51	375.59	431.93
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	52	393.11	452.08
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	53	410.83	472.45
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	54	429.96	494.45
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	55	449.10	516.47
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	56	469.84	540.32
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	57	490.79	564.41
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	58	513.14	590.11
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	59	524.21	602.84
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	60	546.57	628.56
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	61	565.90	650.79
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	62	578.59	665.38
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	63	594.49	683.66
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	64	603.96	694.55
14002TN0340007	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	603.96	694.55

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	143.14	143.14
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	21	225.42	259.23
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	22	225.42	259.23
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	23	225.42	259.23
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	24	225.42	259.23
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	25	226.32	260.27
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	26	230.83	265.45
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	27	236.25	271.69
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	28	245.04	281.80
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	29	252.25	290.09
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	30	255.86	294.24
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	31	261.26	300.45
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	32	266.68	306.68
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	33	270.06	310.57
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	34	273.66	314.71
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	35	275.47	316.79
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	36	277.28	318.87
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	37	279.07	320.93
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	38	280.88	323.01
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	39	284.49	327.16
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	40	288.09	331.30
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	41	293.50	337.53
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	42	298.69	343.49

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	43	305.90	351.79
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	44	314.92	362.16
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	45	325.52	374.35
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	46	338.14	388.86
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	47	352.33	405.18
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	48	368.57	423.86
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	49	384.57	442.26
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	50	402.61	463.00
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	51	420.42	483.48
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	52	440.02	506.02
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	53	459.87	528.85
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	54	481.28	553.47
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	55	502.70	578.11
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	56	525.92	604.81
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	57	549.37	631.78
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	58	574.39	660.55
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	59	586.78	674.80
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	60	611.80	703.57
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	61	633.44	728.46
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	62	647.65	744.80
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	63	665.45	765.27
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	64	676.05	777.46
14002TN0340007	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	676.05	777.46

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	135.51	135.51
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	21	213.39	245.40
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	22	213.39	245.40
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	23	213.39	245.40
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	24	213.39	245.40
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	25	214.24	246.38
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	26	218.52	251.30
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	27	223.63	257.17
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	28	231.96	266.75
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	29	238.78	274.60
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	30	242.20	278.53
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	31	247.32	284.42
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	32	252.44	290.31
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	33	255.65	294.00
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	34	259.06	297.92
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	35	260.76	299.87
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	36	262.47	301.84
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	37	264.18	303.81
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	38	265.89	305.77
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	39	269.30	309.70
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	40	272.72	313.63
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	41	277.84	319.52
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	42	282.75	325.16

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	43	289.58	333.02
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	44	298.11	342.83
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	45	308.14	354.36
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	46	320.09	368.10
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	47	333.53	383.56
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	48	348.90	401.24
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	49	364.05	418.66
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	50	381.12	438.29
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	51	397.98	457.68
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	52	416.54	479.02
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	53	435.33	500.63
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	54	455.59	523.93
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	55	475.87	547.25
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	56	497.84	572.52
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	57	520.04	598.05
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	58	543.73	625.29
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	59	555.46	638.78
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	60	579.14	666.01
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	61	599.64	689.59
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	62	613.08	705.04
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	63	629.94	724.43
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	64	639.96	735.95
14002TN0340016	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	639.96	735.95

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	135.89	135.89
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	21	214.00	246.10
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	22	214.00	246.10
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	23	214.00	246.10
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	24	214.00	246.10
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	25	214.85	247.08
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	26	219.14	252.01
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	27	224.27	257.91
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	28	232.61	267.50
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	29	239.46	275.38
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	30	242.88	279.31
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	31	248.02	285.22
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	32	253.15	291.12
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	33	256.37	294.83
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	34	259.79	298.76
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	35	261.50	300.73
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	36	263.22	302.70
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	37	264.92	304.66
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	38	266.64	306.64
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	39	270.06	310.57
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	40	273.49	314.51
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	41	278.63	320.42
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	42	283.55	326.08

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	43	290.40	333.96
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	44	298.95	343.79
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	45	309.01	355.36
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	46	321.00	369.15
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	47	334.48	384.65
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	48	349.89	402.37
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	49	365.08	419.84
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	50	382.20	439.53
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	51	399.11	458.98
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	52	417.72	480.38
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	53	436.56	502.04
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	54	456.88	525.41
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	55	477.21	548.79
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	56	499.25	574.14
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	57	521.51	599.74
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	58	545.27	627.06
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	59	557.04	640.60
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	60	580.78	667.90
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	61	601.33	691.53
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	62	614.81	707.03
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	63	631.72	726.48
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	64	641.77	738.04
14002TN0340016	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	641.77	738.04

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	136.40	136.40
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	21	214.80	247.02
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	22	214.80	247.02
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	23	214.80	247.02
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	24	214.80	247.02
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	25	215.66	248.01
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	26	219.96	252.95
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	27	225.11	258.88
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	28	233.49	268.51
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	29	240.36	276.41
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	30	243.80	280.37
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	31	248.95	286.29
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	32	254.10	292.22
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	33	257.33	295.93
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	34	260.77	299.89
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	35	262.48	301.85
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	36	264.20	303.83
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	37	265.92	305.81
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	38	267.64	307.79
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	39	271.08	311.74
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	40	274.51	315.69
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	41	279.67	321.62
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	42	284.61	327.30

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	43	291.49	335.21
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	44	300.07	345.08
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	45	310.17	356.70
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	46	322.20	370.53
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	47	335.73	386.09
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	48	351.20	403.88
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	49	366.45	421.42
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	50	383.63	441.17
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	51	400.60	460.69
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	52	419.29	482.18
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	53	438.20	503.93
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	54	458.60	527.39
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	55	479.00	550.85
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	56	501.13	576.30
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	57	523.47	601.99
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	58	547.31	629.41
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	59	559.13	643.00
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	60	582.96	670.40
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	61	603.59	694.13
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	62	617.12	709.69
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	63	634.09	729.20
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	64	644.18	740.81
14002TN0340016	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	644.18	740.81

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	140.07	140.07
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	21	220.58	253.67
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	22	220.58	253.67
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	23	220.58	253.67
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	24	220.58	253.67
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	25	221.46	254.68
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	26	225.87	259.75
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	27	231.16	265.83
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	28	239.76	275.72
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	29	246.82	283.84
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	30	250.35	287.90
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	31	255.65	294.00
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	32	260.94	300.08
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	33	264.25	303.89
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	34	267.78	307.95
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	35	269.54	309.97
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	36	271.31	312.01
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	37	273.07	314.03
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	38	274.84	316.07
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	39	278.37	320.13
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	40	281.90	324.19
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	41	287.19	330.27
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	42	292.27	336.11

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	43	299.32	344.22
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	44	308.14	354.36
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	45	318.51	366.29
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	46	330.87	380.50
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	47	344.76	396.47
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	48	360.64	414.74
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	49	376.30	432.75
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	50	393.95	453.04
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	51	411.38	473.09
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	52	430.57	495.16
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	53	449.98	517.48
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	54	470.93	541.57
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	55	491.88	565.66
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	56	514.60	591.79
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	57	537.54	618.17
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	58	562.03	646.33
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	59	574.16	660.28
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	60	598.64	688.44
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	61	619.82	712.79
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	62	633.71	728.77
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	63	651.14	748.81
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	64	661.50	760.73
14002TN0340016	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	661.50	760.73

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	155.85	155.85
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	21	245.43	282.24
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	22	245.43	282.24
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	23	245.43	282.24
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	24	245.43	282.24
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	25	246.41	283.37
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	26	251.33	289.03
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	27	257.21	295.79
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	28	266.78	306.80
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	29	274.64	315.84
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	30	278.56	320.34
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	31	284.46	327.13
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	32	290.34	333.89
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	33	294.03	338.13
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	34	297.95	342.64
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	35	299.91	344.90
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	36	301.88	347.16
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	37	303.84	349.42
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	38	305.81	351.68
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	39	309.73	356.19
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	40	313.66	360.71
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	41	319.56	367.49
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	42	325.20	373.98

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	43	333.05	383.01
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	44	342.86	394.29
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	45	354.40	407.56
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	46	368.15	423.37
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	47	383.61	441.15
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	48	401.28	461.47
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	49	418.71	481.52
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	50	438.34	504.09
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	51	457.73	526.39
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	52	479.08	550.94
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	53	500.68	575.78
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	54	523.99	602.59
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	55	547.31	629.41
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	56	572.59	658.48
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	57	598.12	687.84
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	58	625.36	719.16
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	59	638.86	734.69
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	60	666.10	766.02
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	61	689.66	793.11
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	62	705.12	810.89
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	63	724.51	833.19
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	64	736.04	846.45
14002TN0340008	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	736.04	846.45

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	146.49	146.49
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	21	230.70	265.31
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	22	230.70	265.31
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	23	230.70	265.31
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	24	230.70	265.31
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	25	231.62	266.36
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	26	236.24	271.68
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	27	241.77	278.04
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	28	250.76	288.37
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	29	258.15	296.87
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	30	261.84	301.12
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	31	267.38	307.49
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	32	272.91	313.85
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	33	276.37	317.83
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	34	280.06	322.07
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	35	281.91	324.20
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	36	283.76	326.32
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	37	285.60	328.44
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	38	287.45	330.57
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	39	291.14	334.81
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	40	294.83	339.05
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	41	300.37	345.43
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	42	305.67	351.52

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	43	313.06	360.02
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	44	322.28	370.62
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	45	333.13	383.10
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	46	346.05	397.96
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	47	360.58	414.67
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	48	377.19	433.77
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	49	393.57	452.61
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	50	412.02	473.82
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	51	430.25	494.79
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	52	450.32	517.87
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	53	470.62	541.21
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	54	492.53	566.41
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	55	514.45	591.62
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	56	538.21	618.94
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	57	562.20	646.53
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	58	587.81	675.98
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	59	600.50	690.58
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	60	626.10	720.02
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	61	648.26	745.50
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	62	662.78	762.20
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	63	681.01	783.16
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	64	691.85	795.63
14002TN0340008	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	691.85	795.63

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	150.99	150.99
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	21	237.77	273.44
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	22	237.77	273.44
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	23	237.77	273.44
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	24	237.77	273.44
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	25	238.72	274.53
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	26	243.48	280.00
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	27	249.19	286.57
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	28	258.46	297.23
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	29	266.07	305.98
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	30	269.87	310.35
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	31	275.58	316.92
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	32	281.28	323.47
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	33	284.85	327.58
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	34	288.66	331.96
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	35	290.56	334.14
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	36	292.46	336.33
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	37	294.36	338.51
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	38	296.27	340.71
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	39	300.07	345.08
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	40	303.87	349.45
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	41	309.58	356.02
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	42	315.05	362.31

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	43	322.66	371.06
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	44	332.17	382.00
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	45	343.35	394.85
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	46	356.67	410.17
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	47	371.64	427.39
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	48	388.76	447.07
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	49	405.64	466.49
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	50	424.66	488.36
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	51	443.45	509.97
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	52	464.14	533.76
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	53	485.06	557.82
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	54	507.64	583.79
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	55	530.24	609.78
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	56	554.72	637.93
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	57	579.46	666.38
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	58	605.85	696.73
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	59	618.93	711.77
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	60	645.31	742.11
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	61	668.15	768.37
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	62	683.12	785.59
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	63	701.91	807.20
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	64	713.08	820.04
14002TN0340008	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	713.08	820.04

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	160.47	160.47
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	21	252.71	290.62
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	22	252.71	290.62
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	23	252.71	290.62
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	24	252.71	290.62
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	25	253.71	291.77
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	26	258.78	297.60
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	27	264.83	304.55
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	28	274.69	315.89
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	29	282.78	325.20
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	30	286.82	329.84
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	31	292.89	336.82
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	32	298.95	343.79
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	33	302.74	348.15
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	34	306.79	352.81
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	35	308.80	355.12
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	36	310.83	357.45
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	37	312.84	359.77
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	38	314.87	362.10
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	39	318.91	366.75
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	40	322.96	371.40
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	41	329.03	378.38
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	42	334.84	385.07

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	43	342.92	394.36
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	44	353.03	405.98
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	45	364.91	419.65
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	46	379.06	435.92
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	47	394.98	454.23
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	48	413.18	475.16
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	49	431.12	495.79
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	50	451.33	519.03
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	51	471.30	542.00
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	52	493.28	567.27
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	53	515.52	592.85
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	54	539.52	620.45
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	55	563.53	648.06
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	56	589.56	677.99
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	57	615.85	708.23
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	58	643.90	740.49
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	59	657.80	756.47
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	60	685.84	788.72
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	61	710.11	816.63
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	62	726.02	834.92
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	63	745.99	857.89
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	64	757.86	871.54
14002TN0340008	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	757.86	871.54

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	162.38	162.38
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	21	255.71	294.07
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	22	255.71	294.07
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	23	255.71	294.07
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	24	255.71	294.07
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	25	256.73	295.24
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	26	261.85	301.13
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	27	267.98	308.18
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	28	277.95	319.64
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	29	286.13	329.05
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	30	290.22	333.75
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	31	296.36	340.81
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	32	302.50	347.88
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	33	306.34	352.29
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	34	310.43	356.99
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	35	312.47	359.34
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	36	314.52	361.70
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	37	316.56	364.04
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	38	318.61	366.40
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	39	322.70	371.11
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	40	326.79	375.81
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	41	332.93	382.87
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	42	338.81	389.63

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	43	347.00	399.05
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	44	357.22	410.80
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	45	369.24	424.63
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	46	383.56	441.09
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	47	399.67	459.62
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	48	418.08	480.79
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	49	436.23	501.66
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	50	456.69	525.19
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	51	476.89	548.42
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	52	499.14	574.01
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	53	521.64	599.89
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	54	545.93	627.82
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	55	570.22	655.75
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	56	596.56	686.04
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	57	623.15	716.62
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	58	651.54	749.27
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	59	665.60	765.44
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	60	693.98	798.08
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	61	718.54	826.32
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	62	734.64	844.84
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	63	754.84	868.07
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	64	766.86	881.89
14002TN0340008	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	766.86	881.89

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	155.63	155.63
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	21	245.08	281.84
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	22	245.08	281.84
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	23	245.08	281.84
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	24	245.08	281.84
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	25	246.06	282.97
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	26	250.97	288.62
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	27	256.85	295.38
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	28	266.41	306.37
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	29	274.25	315.39
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	30	278.17	319.90
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	31	284.05	326.66
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	32	289.93	333.42
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	33	293.61	337.65
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	34	297.53	342.16
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	35	299.49	344.41
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	36	301.45	346.67
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	37	303.41	348.92
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	38	305.38	351.19
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	39	309.30	355.70
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	40	313.22	360.20
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	41	319.10	366.97
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	42	324.74	373.45

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	43	332.58	382.47
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	44	342.38	393.74
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	45	353.90	406.99
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	46	367.63	422.77
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	47	383.07	440.53
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	48	400.72	460.83
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	49	418.12	480.84
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	50	437.72	503.38
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	51	457.09	525.65
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	52	478.41	550.17
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	53	499.98	574.98
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	54	523.25	601.74
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	55	546.54	628.52
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	56	571.78	657.55
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	57	597.27	686.86
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	58	624.48	718.15
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	59	637.96	733.65
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	60	665.16	764.93
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	61	688.69	791.99
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	62	704.13	809.75
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	63	723.49	832.01
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	64	735.00	845.25
14002TN0340008	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	735.00	845.25

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	145.48	145.48
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	21	229.10	263.47
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	22	229.10	263.47
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	23	229.10	263.47
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	24	229.10	263.47
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	25	230.01	264.51
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	26	234.60	269.79
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	27	240.09	276.10
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	28	249.03	286.38
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	29	256.36	294.81
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	30	260.02	299.02
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	31	265.52	305.35
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	32	271.02	311.67
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	33	274.46	315.63
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	34	278.12	319.84
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	35	279.95	321.94
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	36	281.79	324.06
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	37	283.62	326.16
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	38	285.45	328.27
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	39	289.12	332.49
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	40	292.78	336.70
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	41	298.29	343.03
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	42	303.56	349.09

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	43	310.89	357.52
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	44	320.04	368.05
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	45	330.82	380.44
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	46	343.65	395.20
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	47	358.08	411.79
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	48	374.57	430.76
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	49	390.84	449.47
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	50	409.16	470.53
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	51	427.27	491.36
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	52	447.20	514.28
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	53	467.36	537.46
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	54	489.12	562.49
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	55	510.88	587.51
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	56	534.48	614.65
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	57	558.31	642.06
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	58	583.74	671.30
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	59	596.34	685.79
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	60	621.76	715.02
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	61	643.76	740.32
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	62	658.19	756.92
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	63	676.29	777.73
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	64	687.06	790.12
14002TN0340008	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	687.06	790.12

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	162.84	162.84
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	21	256.44	294.91
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	22	256.44	294.91
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	23	256.44	294.91
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	24	256.44	294.91
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	25	257.46	296.08
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	26	262.60	301.99
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	27	268.75	309.06
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	28	278.75	320.56
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	29	286.95	329.99
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	30	291.06	334.72
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	31	297.22	341.80
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	32	303.36	348.86
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	33	307.22	353.30
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	34	311.32	358.02
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	35	313.37	360.38
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	36	315.42	362.73
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	37	317.47	365.09
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	38	319.52	367.45
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	39	323.63	372.17
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	40	327.73	376.89
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	41	333.89	383.97
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	42	339.79	390.76

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	43	347.99	400.19
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	44	358.24	411.98
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	45	370.30	425.85
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	46	384.67	442.37
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	47	400.81	460.93
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	48	419.28	482.17
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	49	437.49	503.11
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	50	458.00	526.70
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	51	478.26	550.00
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	52	500.57	575.66
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	53	523.14	601.61
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	54	547.50	629.63
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	55	571.86	657.64
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	56	598.27	688.01
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	57	624.95	718.69
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	58	653.41	751.42
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	59	667.52	767.65
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	60	695.97	800.37
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	61	720.60	828.69
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	62	736.75	847.26
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	63	757.01	870.56
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	64	769.06	884.42
14002TN0340008	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	769.06	884.42

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	160.01	160.01
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	21	251.99	289.79
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	22	251.99	289.79
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	23	251.99	289.79
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	24	251.99	289.79
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	25	253.00	290.95
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	26	258.03	296.73
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	27	264.08	303.69
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	28	273.91	315.00
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	29	281.98	324.28
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	30	286.01	328.91
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	31	292.05	335.86
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	32	298.10	342.82
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	33	301.89	347.17
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	34	305.92	351.81
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	35	307.93	354.12
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	36	309.95	356.44
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	37	311.96	358.75
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	38	313.98	361.08
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	39	318.01	365.71
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	40	322.04	370.35
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	41	328.09	377.30
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	42	333.89	383.97

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	43	341.95	393.24
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	44	352.03	404.83
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	45	363.88	418.46
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	46	377.98	434.68
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	47	393.86	452.94
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	48	412.00	473.80
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	49	429.90	494.39
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	50	450.05	517.56
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	51	469.96	540.45
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	52	491.89	565.67
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	53	514.05	591.16
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	54	538.00	618.70
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	55	561.94	646.23
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	56	587.89	676.07
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	57	614.09	706.20
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	58	642.06	738.37
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	59	655.93	754.32
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	60	683.90	786.49
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	61	708.08	814.29
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	62	723.96	832.55
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	63	743.87	855.45
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	64	755.71	869.07
14002TN0350004	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	755.71	869.07

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	160.46	160.46
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	21	252.70	290.61
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	22	252.70	290.61
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	23	252.70	290.61
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	24	252.70	290.61
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	25	253.71	291.77
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	26	258.76	297.57
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	27	264.83	304.55
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	28	274.69	315.89
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	29	282.77	325.19
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	30	286.82	329.84
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	31	292.88	336.81
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	32	298.94	343.78
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	33	302.74	348.15
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	34	306.78	352.80
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	35	308.80	355.12
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	36	310.82	357.44
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	37	312.85	359.78
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	38	314.87	362.10
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	39	318.91	366.75
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	40	322.95	371.39
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	41	329.01	378.36
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	42	334.83	385.05

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	43	342.92	394.36
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	44	353.02	405.97
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	45	364.90	419.64
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	46	379.05	435.91
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	47	394.98	454.23
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	48	413.17	475.15
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	49	431.11	495.78
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	50	451.32	519.02
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	51	471.29	541.98
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	52	493.28	567.27
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	53	515.51	592.84
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	54	539.52	620.45
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	55	563.53	648.06
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	56	589.56	677.99
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	57	615.83	708.20
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	58	643.88	740.46
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	59	657.78	756.45
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	60	685.83	788.70
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	61	710.09	816.60
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	62	726.01	834.91
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	63	745.98	857.88
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	64	757.85	871.53
14002TN0350004	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	757.85	871.53

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	161.07	161.07
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	21	253.65	291.70
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	22	253.65	291.70
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	23	253.65	291.70
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	24	253.65	291.70
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	25	254.66	292.86
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	26	259.74	298.70
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	27	265.82	305.69
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	28	275.72	317.08
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	29	283.84	326.42
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	30	287.89	331.07
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	31	293.98	338.08
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	32	300.06	345.07
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	33	303.88	349.46
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	34	307.93	354.12
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	35	309.96	356.45
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	36	311.99	358.79
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	37	314.02	361.12
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	38	316.05	363.46
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	39	320.11	368.13
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	40	324.16	372.78
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	41	330.25	379.79
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	42	336.09	386.50

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	43	344.20	395.83
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	44	354.35	407.50
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	45	366.27	421.21
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	46	380.48	437.55
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	47	396.46	455.93
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	48	414.72	476.93
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	49	432.73	497.64
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	50	453.02	520.97
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	51	473.06	544.02
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	52	495.13	569.40
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	53	517.44	595.06
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	54	541.54	622.77
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	55	565.64	650.49
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	56	591.77	680.54
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	57	618.14	710.86
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	58	646.30	743.25
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	59	660.25	759.29
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	60	688.41	791.67
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	61	712.75	819.66
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	62	728.74	838.05
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	63	748.78	861.10
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	64	760.70	874.81
14002TN0350004	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	760.70	874.81

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	165.40	165.40
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	21	260.47	299.54
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	22	260.47	299.54
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	23	260.47	299.54
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	24	260.47	299.54
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	25	261.51	300.74
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	26	266.72	306.73
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	27	272.97	313.92
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	28	283.13	325.60
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	29	291.47	335.19
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	30	295.63	339.97
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	31	301.88	347.16
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	32	308.13	354.35
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	33	312.05	358.86
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	34	316.21	363.64
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	35	318.30	366.05
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	36	320.38	368.44
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	37	322.46	370.83
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	38	324.55	373.23
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	39	328.71	378.02
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	40	332.88	382.81
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	41	339.13	390.00
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	42	345.13	396.90

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	43	353.46	406.48
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	44	363.88	418.46
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	45	376.12	432.54
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	46	390.71	449.32
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	47	407.12	468.19
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	48	425.87	489.75
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	49	444.37	511.03
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	50	465.20	534.98
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	51	485.78	558.65
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	52	508.44	584.71
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	53	531.36	611.06
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	54	556.10	639.52
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	55	580.85	667.98
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	56	607.68	698.83
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	57	634.76	729.97
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	58	663.68	763.23
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	59	678.01	779.71
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	60	706.92	812.96
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	61	731.92	841.71
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	62	748.33	860.58
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	63	768.91	884.25
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	64	781.15	898.32
14002TN0350004	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	781.15	898.32

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	184.04	184.04
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	21	289.82	333.29
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	22	289.82	333.29
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	23	289.82	333.29
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	24	289.82	333.29
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	25	290.98	334.63
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	26	296.78	341.30
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	27	303.73	349.29
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	28	315.04	362.30
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	29	324.31	372.96
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	30	328.95	378.29
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	31	335.90	386.29
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	32	342.85	394.28
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	33	347.21	399.29
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	34	351.85	404.63
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	35	354.16	407.28
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	36	356.48	409.95
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	37	358.80	412.62
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	38	361.12	415.29
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	39	365.75	420.61
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	40	370.39	425.95
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	41	377.34	433.94
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	42	384.02	441.62

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	43	393.29	452.28
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	44	404.88	465.61
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	45	418.51	481.29
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	46	434.73	499.94
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	47	453.00	520.95
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	48	473.86	544.94
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	49	494.44	568.61
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	50	517.62	595.26
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	51	540.52	621.60
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	52	565.74	650.60
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	53	591.23	679.91
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	54	618.77	711.59
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	55	646.30	743.25
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	56	676.16	777.58
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	57	706.29	812.23
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	58	738.46	849.23
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	59	754.41	867.57
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	60	786.58	904.57
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	61	814.39	936.55
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	62	832.66	957.56
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	63	855.56	983.89
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	64	869.17	999.55
14002TN0350001	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	869.17	999.55

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	172.99	172.99
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	21	272.42	313.28
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	22	272.42	313.28
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	23	272.42	313.28
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	24	272.42	313.28
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	25	273.51	314.54
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	26	278.96	320.80
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	27	285.49	328.31
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	28	296.12	340.54
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	29	304.84	350.57
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	30	309.20	355.58
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	31	315.73	363.09
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	32	322.27	370.61
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	33	326.36	375.31
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	34	330.72	380.33
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	35	332.90	382.84
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	36	335.08	385.34
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	37	337.26	387.85
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	38	339.44	390.36
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	39	343.79	395.36
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	40	348.15	400.37
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	41	354.69	407.89
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	42	360.96	415.10

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	43	369.68	425.13
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	44	380.57	437.66
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	45	393.38	452.39
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	46	408.63	469.92
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	47	425.80	489.67
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	48	445.41	512.22
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	49	464.75	534.46
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	50	486.54	559.52
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	51	508.06	584.27
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	52	531.77	611.54
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	53	555.73	639.09
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	54	581.62	668.86
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	55	607.50	698.63
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	56	635.56	730.89
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	57	663.88	763.46
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	58	694.12	798.24
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	59	709.11	815.48
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	60	739.35	850.25
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	61	765.50	880.33
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	62	782.66	900.06
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	63	804.19	924.82
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	64	816.99	939.54
14002TN0350001	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	816.99	939.54

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	178.29	178.29
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	21	280.78	322.90
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	22	280.78	322.90
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	23	280.78	322.90
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	24	280.78	322.90
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	25	281.90	324.19
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	26	287.52	330.65
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	27	294.25	338.39
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	28	305.21	350.99
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	29	314.19	361.32
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	30	318.68	366.48
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	31	325.42	374.23
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	32	332.16	381.98
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	33	336.38	386.84
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	34	340.87	392.00
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	35	343.11	394.58
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	36	345.36	397.16
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	37	347.61	399.75
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	38	349.85	402.33
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	39	354.34	407.49
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	40	358.83	412.65
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	41	365.57	420.41
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	42	372.04	427.85

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	43	381.02	438.17
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	44	392.25	451.09
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	45	405.45	466.27
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	46	421.17	484.35
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	47	438.86	504.69
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	48	459.07	527.93
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	49	479.01	550.86
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	50	501.47	576.69
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	51	523.65	602.20
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	52	548.08	630.29
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	53	572.79	658.71
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	54	599.46	689.38
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	55	626.14	720.06
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	56	655.06	753.32
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	57	684.25	786.89
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	58	715.42	822.73
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	59	730.87	840.50
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	60	762.04	876.35
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	61	788.98	907.33
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	62	806.68	927.68
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	63	828.86	953.19
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	64	842.06	968.37
14002TN0350001	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	842.06	968.37

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	189.49	189.49
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	21	298.41	343.17
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	22	298.41	343.17
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	23	298.41	343.17
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	24	298.41	343.17
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	25	299.61	344.55
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	26	305.57	351.41
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	27	312.73	359.64
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	28	324.38	373.04
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	29	333.92	384.01
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	30	338.70	389.51
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	31	345.86	397.74
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	32	353.02	405.97
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	33	357.50	411.13
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	34	362.28	416.62
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	35	364.66	419.36
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	36	367.05	422.11
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	37	369.44	424.86
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	38	371.82	427.59
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	39	376.59	433.08
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	40	381.37	438.58
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	41	388.53	446.81
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	42	395.40	454.71

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	43	404.95	465.69
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	44	416.88	479.41
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	45	430.91	495.55
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	46	447.62	514.76
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	47	466.42	536.38
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	48	487.90	561.09
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	49	509.09	585.45
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	50	532.96	612.90
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	51	556.54	640.02
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	52	582.50	669.88
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	53	608.76	700.07
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	54	637.11	732.68
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	55	665.46	765.28
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	56	696.20	800.63
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	57	727.22	836.30
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	58	760.35	874.40
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	59	776.77	893.29
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	60	809.89	931.37
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	61	838.53	964.31
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	62	857.34	985.94
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	63	880.92	1013.06
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	64	894.94	1029.18
14002TN0350001	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	894.94	1029.18

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	191.74	191.74
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	21	301.95	347.24
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	22	301.95	347.24
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	23	301.95	347.24
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	24	301.95	347.24
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	25	303.16	348.63
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	26	309.20	355.58
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	27	316.44	363.91
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	28	328.23	377.46
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	29	337.89	388.57
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	30	342.72	394.13
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	31	349.96	402.45
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	32	357.21	410.79
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	33	361.75	416.01
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	34	366.57	421.56
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	35	368.99	424.34
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	36	371.40	427.11
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	37	373.82	429.89
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	38	376.23	432.66
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	39	381.06	438.22
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	40	385.89	443.77
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	41	393.14	452.11
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	42	400.09	460.10

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	43	409.75	471.21
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	44	421.83	485.10
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	45	436.03	501.43
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	46	452.93	520.87
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	47	471.96	542.75
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	48	493.69	567.74
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	49	515.14	592.41
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	50	539.29	620.18
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	51	563.14	647.61
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	52	589.42	677.83
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	53	615.98	708.38
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	54	644.67	741.37
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	55	673.36	774.36
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	56	704.46	810.13
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	57	735.86	846.24
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	58	769.37	884.78
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	59	785.99	903.89
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	60	819.51	942.44
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	61	848.49	975.76
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	62	867.51	997.64
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	63	891.37	1025.08
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	64	905.56	1041.39
14002TN0350001	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	905.56	1041.39

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	183.78	183.78
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	21	289.41	332.82
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	22	289.41	332.82
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	23	289.41	332.82
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	24	289.41	332.82
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	25	290.57	334.16
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	26	296.36	340.81
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	27	303.30	348.80
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	28	314.59	361.78
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	29	323.85	372.43
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	30	328.48	377.75
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	31	335.43	385.74
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	32	342.37	393.73
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	33	346.72	398.73
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	34	351.35	404.05
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	35	353.66	406.71
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	36	355.98	409.38
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	37	358.29	412.03
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	38	360.61	414.70
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	39	365.24	420.03
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	40	369.87	425.35
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	41	376.81	433.33
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	42	383.48	441.00

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	43	392.73	451.64
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	44	404.31	464.96
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	45	417.92	480.61
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	46	434.12	499.24
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	47	452.36	520.21
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	48	473.19	544.17
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	49	493.74	567.80
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	50	516.89	594.42
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	51	539.75	620.71
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	52	564.94	649.68
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	53	590.40	678.96
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	54	617.89	710.57
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	55	645.39	742.20
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	56	675.20	776.48
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	57	705.29	811.08
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	58	737.42	848.03
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	59	753.34	866.34
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	60	785.47	903.29
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	61	813.24	935.23
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	62	831.48	956.20
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	63	854.35	982.50
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	64	867.95	998.14
14002TN0350001	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	867.95	998.14

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	171.79	171.79
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	21	270.53	311.11
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	22	270.53	311.11
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	23	270.53	311.11
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	24	270.53	311.11
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	25	271.61	312.35
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	26	277.02	318.57
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	27	283.51	326.04
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	28	294.07	338.18
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	29	302.73	348.14
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	30	307.05	353.11
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	31	313.54	360.57
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	32	320.04	368.05
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	33	324.10	372.72
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	34	328.43	377.69
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	35	330.59	380.18
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	36	332.76	382.67
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	37	334.92	385.16
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	38	337.08	387.64
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	39	341.41	392.62
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	40	345.74	397.60
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	41	352.23	405.06
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	42	358.46	412.23

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	43	367.11	422.18
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	44	377.93	434.62
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	45	390.65	449.25
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	46	405.80	466.67
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	47	422.85	486.28
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	48	442.32	508.67
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	49	461.53	530.76
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	50	483.17	555.65
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	51	504.54	580.22
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	52	528.08	607.29
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	53	551.88	634.66
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	54	577.59	664.23
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	55	603.29	693.78
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	56	631.15	725.82
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	57	659.28	758.17
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	58	689.31	792.71
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	59	704.20	809.83
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	60	734.23	844.36
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	61	760.19	874.22
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	62	777.24	893.83
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	63	798.61	918.40
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	64	811.33	933.03
14002TN0350001	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	811.33	933.03

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	192.29	192.29
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	21	302.82	348.24
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	22	302.82	348.24
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	23	302.82	348.24
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	24	302.82	348.24
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	25	304.03	349.63
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	26	310.09	356.60
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	27	317.35	364.95
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	28	329.17	378.55
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	29	338.86	389.69
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	30	343.70	395.26
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	31	350.97	403.62
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	32	358.23	411.96
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	33	362.78	417.20
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	34	367.63	422.77
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	35	370.05	425.56
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	36	372.47	428.34
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	37	374.89	431.12
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	38	377.32	433.92
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	39	382.16	439.48
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	40	387.00	445.05
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	41	394.27	453.41
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	42	401.24	461.43

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	43	410.93	472.57
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	44	423.04	486.50
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	45	437.28	502.87
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	46	454.23	522.36
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	47	473.32	544.32
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	48	495.11	569.38
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	49	516.62	594.11
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	50	540.84	621.97
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	51	564.76	649.47
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	52	591.11	679.78
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	53	617.75	710.41
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	54	646.52	743.50
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	55	675.29	776.58
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	56	706.49	812.46
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	57	737.97	848.67
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	58	771.59	887.33
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	59	788.25	906.49
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	60	821.86	945.14
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	61	850.92	978.56
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	62	870.01	1000.51
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	63	893.93	1028.02
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	64	908.16	1044.38
14002TN0350001	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	908.16	1044.38

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	162.65	162.65
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	21	256.15	294.57
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	22	256.15	294.57
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	23	256.15	294.57
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	24	256.15	294.57
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	25	257.17	295.75
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	26	262.30	301.65
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	27	268.44	308.71
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	28	278.43	320.19
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	29	286.63	329.62
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	30	290.73	334.34
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	31	296.87	341.40
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	32	303.02	348.47
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	33	306.86	352.89
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	34	310.96	357.60
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	35	313.01	359.96
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	36	315.06	362.32
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	37	317.11	364.68
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	38	319.16	367.03
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	39	323.26	371.75
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	40	327.36	376.46
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	41	333.51	383.54
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	42	339.40	390.31

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	43	347.60	399.74
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	44	357.84	411.52
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	45	369.88	425.36
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	46	384.23	441.86
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	47	400.36	460.41
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	48	418.80	481.62
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	49	436.99	502.54
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	50	457.49	526.11
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	51	477.72	549.38
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	52	500.01	575.01
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	53	522.54	600.92
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	54	546.88	628.91
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	55	571.21	656.89
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	56	597.60	687.24
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	57	624.24	717.88
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	58	652.67	750.57
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	59	666.76	766.77
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	60	695.19	799.47
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	61	719.78	827.75
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	62	735.92	846.31
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	63	756.16	869.58
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	64	768.20	883.43
14002TN0350005	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	768.20	883.43

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	163.11	163.11
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	21	256.87	295.40
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	22	256.87	295.40
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	23	256.87	295.40
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	24	256.87	295.40
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	25	257.90	296.59
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	26	263.04	302.50
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	27	269.20	309.58
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	28	279.22	321.10
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	29	287.44	330.56
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	30	291.55	335.28
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	31	297.71	342.37
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	32	303.88	349.46
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	33	307.73	353.89
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	34	311.84	358.62
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	35	313.90	360.99
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	36	315.96	363.35
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	37	318.01	365.71
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	38	320.07	368.08
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	39	324.18	372.81
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	40	328.28	377.52
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	41	334.45	384.62
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	42	340.36	391.41

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	43	348.58	400.87
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	44	358.85	412.68
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	45	370.92	426.56
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	46	385.32	443.12
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	47	401.49	461.71
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	48	419.99	482.99
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	49	438.23	503.96
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	50	458.78	527.60
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	51	479.07	550.93
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	52	501.42	576.63
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	53	524.02	602.62
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	54	548.43	630.69
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	55	572.83	658.75
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	56	599.29	689.18
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	57	626.00	719.90
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	58	654.52	752.70
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	59	668.65	768.95
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	60	697.16	801.73
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	61	721.81	830.08
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	62	738.00	848.70
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	63	758.30	872.05
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	64	770.37	885.93
14002TN0350005	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	770.37	885.93

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	163.73	163.73
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	21	257.84	296.52
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	22	257.84	296.52
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	23	257.84	296.52
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	24	257.84	296.52
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	25	258.87	297.70
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	26	264.03	303.63
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	27	270.21	310.74
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	28	280.27	322.31
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	29	288.52	331.80
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	30	292.65	336.55
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	31	298.83	343.65
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	32	305.02	350.77
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	33	308.89	355.22
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	34	313.01	359.96
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	35	315.08	362.34
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	36	317.14	364.71
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	37	319.21	367.09
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	38	321.27	369.46
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	39	325.40	374.21
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	40	329.51	378.94
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	41	335.71	386.07
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	42	341.63	392.87

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	43	349.89	402.37
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	44	360.20	414.23
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	45	372.32	428.17
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	46	386.76	444.77
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	47	403.00	463.45
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	48	421.56	484.79
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	49	439.87	505.85
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	50	460.50	529.58
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	51	480.87	553.00
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	52	503.30	578.80
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	53	525.99	604.89
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	54	550.49	633.06
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	55	574.98	661.23
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	56	601.54	691.77
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	57	628.35	722.60
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	58	656.97	755.52
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	59	671.16	771.83
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	60	699.78	804.75
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	61	724.52	833.20
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	62	740.77	851.89
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	63	761.14	875.31
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	64	773.26	889.25
14002TN0350005	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	773.26	889.25

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	168.13	168.13
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	21	264.77	304.49
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	22	264.77	304.49
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	23	264.77	304.49
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	24	264.77	304.49
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	25	265.83	305.70
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	26	271.13	311.80
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	27	277.48	319.10
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	28	287.80	330.97
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	29	296.28	340.72
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	30	300.52	345.60
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	31	306.87	352.90
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	32	313.22	360.20
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	33	317.19	364.77
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	34	321.43	369.64
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	35	323.55	372.08
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	36	325.67	374.52
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	37	327.79	376.96
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	38	329.91	379.40
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	39	334.15	384.27
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	40	338.38	389.14
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	41	344.73	396.44
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	42	350.82	403.44

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	43	359.30	413.20
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	44	369.88	425.36
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	45	382.33	439.68
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	46	397.16	456.73
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	47	413.84	475.92
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	48	432.90	497.84
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	49	451.70	519.46
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	50	472.88	543.81
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	51	493.80	567.87
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	52	516.84	594.37
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	53	540.13	621.15
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	54	565.29	650.08
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	55	590.44	679.01
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	56	617.71	710.37
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	57	645.25	742.04
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	58	674.64	775.84
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	59	689.20	792.58
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	60	718.59	826.38
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	61	744.01	855.61
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	62	760.69	874.79
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	63	781.61	898.85
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	64	794.06	913.17
14002TN0350005	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	794.06	913.17

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	187.07	187.07
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	21	294.61	338.80
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	22	294.61	338.80
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	23	294.61	338.80
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	24	294.61	338.80
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	25	295.79	340.16
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	26	301.68	346.93
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	27	308.74	355.05
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	28	320.23	368.26
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	29	329.67	379.12
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	30	334.38	384.54
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	31	341.45	392.67
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	32	348.52	400.80
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	33	352.94	405.88
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	34	357.65	411.30
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	35	360.01	414.01
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	36	362.37	416.73
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	37	364.72	419.43
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	38	367.08	422.14
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	39	371.80	427.57
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	40	376.50	432.98
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	41	383.58	441.12
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	42	390.35	448.90

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	43	399.78	459.75
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	44	411.56	473.29
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	45	425.41	489.22
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	46	441.92	508.21
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	47	460.47	529.54
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	48	481.68	553.93
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	49	502.60	577.99
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	50	526.17	605.10
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	51	549.44	631.86
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	52	575.08	661.34
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	53	600.99	691.14
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	54	628.99	723.34
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	55	656.97	755.52
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	56	687.32	790.42
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	57	717.96	825.65
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	58	750.66	863.26
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	59	766.87	881.90
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	60	799.57	919.51
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	61	827.84	952.02
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	62	846.41	973.37
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	63	869.68	1000.13
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	64	883.53	1016.06
14002TN0350002	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	883.53	1016.06

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	175.84	175.84
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	21	276.92	318.46
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	22	276.92	318.46
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	23	276.92	318.46
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	24	276.92	318.46
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	25	278.03	319.73
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	26	283.57	326.11
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	27	290.21	333.74
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	28	301.01	346.16
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	29	309.87	356.35
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	30	314.31	361.46
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	31	320.94	369.08
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	32	327.59	376.73
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	33	331.74	381.50
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	34	336.18	386.61
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	35	338.39	389.15
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	36	340.61	391.70
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	37	342.83	394.25
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	38	345.04	396.80
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	39	349.48	401.90
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	40	353.90	406.99
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	41	360.55	414.63
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	42	366.91	421.95

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	43	375.78	432.15
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	44	386.85	444.88
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	45	399.87	459.85
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	46	415.38	477.69
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	47	432.82	497.74
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	48	452.76	520.67
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	49	472.42	543.28
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	50	494.58	568.77
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	51	516.45	593.92
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	52	540.55	621.63
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	53	564.91	649.65
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	54	591.22	679.90
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	55	617.53	710.16
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	56	646.05	742.96
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	57	674.85	776.08
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	58	705.59	811.43
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	59	720.82	828.94
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	60	751.56	864.29
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	61	778.14	894.86
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	62	795.59	914.93
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	63	817.47	940.09
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	64	830.48	955.05
14002TN0350002	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	830.48	955.05

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	181.24	181.24
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	21	285.42	328.23
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	22	285.42	328.23
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	23	285.42	328.23
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	24	285.42	328.23
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	25	286.56	329.54
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	26	292.27	336.11
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	27	299.11	343.98
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	28	310.24	356.78
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	29	319.38	367.29
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	30	323.95	372.54
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	31	330.79	380.41
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	32	337.65	388.30
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	33	341.92	393.21
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	34	346.49	398.46
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	35	348.78	401.10
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	36	351.06	403.72
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	37	353.35	406.35
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	38	355.63	408.97
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	39	360.20	414.23
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	40	364.76	419.47
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	41	371.61	427.35
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	42	378.17	434.90

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	43	387.31	445.41
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	44	398.72	458.53
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	45	412.14	473.96
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	46	428.13	492.35
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	47	446.10	513.02
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	48	466.65	536.65
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	49	486.92	559.96
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	50	509.75	586.21
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	51	532.30	612.15
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	52	557.13	640.70
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	53	582.24	669.58
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	54	609.36	700.76
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	55	636.48	731.95
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	56	665.87	765.75
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	57	695.56	799.89
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	58	727.24	836.33
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	59	742.94	854.38
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	60	774.62	890.81
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	61	802.01	922.31
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	62	820.00	943.00
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	63	842.55	968.93
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	64	855.97	984.37
14002TN0350002	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	855.97	984.37

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	192.62	192.62
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	21	303.34	348.84
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	22	303.34	348.84
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	23	303.34	348.84
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	24	303.34	348.84
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	25	304.55	350.23
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	26	310.62	357.21
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	27	317.90	365.59
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	28	329.73	379.19
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	29	339.44	390.36
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	30	344.29	395.93
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	31	351.57	404.31
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	32	358.85	412.68
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	33	363.40	417.91
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	34	368.25	423.49
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	35	370.68	426.28
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	36	373.11	429.08
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	37	375.54	431.87
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	38	377.96	434.65
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	39	382.82	440.24
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	40	387.66	445.81
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	41	394.95	454.19
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	42	401.92	462.21

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	43	411.63	473.37
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	44	423.76	487.32
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	45	438.02	503.72
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	46	455.01	523.26
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	47	474.12	545.24
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	48	495.96	570.35
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	49	517.50	595.13
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	50	541.77	623.04
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	51	565.73	650.59
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	52	592.12	680.94
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	53	618.81	711.63
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	54	647.63	744.77
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	55	676.45	777.92
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	56	707.69	813.84
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	57	739.24	850.13
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	58	772.91	888.85
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	59	789.60	908.04
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	60	823.27	946.76
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	61	852.38	980.24
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	62	871.49	1002.21
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	63	895.46	1029.78
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	64	909.72	1046.18
14002TN0350002	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	909.72	1046.18

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	194.90	194.90
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	21	306.94	352.98
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	22	306.94	352.98
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	23	306.94	352.98
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	24	306.94	352.98
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	25	308.17	354.40
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	26	314.31	361.46
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	27	321.67	369.92
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	28	333.64	383.69
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	29	343.47	394.99
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	30	348.38	400.64
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	31	355.74	409.10
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	32	363.11	417.58
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	33	367.71	422.87
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	34	372.62	428.51
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	35	375.08	431.34
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	36	377.54	434.17
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	37	379.99	436.99
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	38	382.45	439.82
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	39	387.36	445.46
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	40	392.27	451.11
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	41	399.63	459.57
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	42	406.69	467.69

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	43	416.52	479.00
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	44	428.79	493.11
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	45	443.22	509.70
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	46	460.42	529.48
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	47	479.75	551.71
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	48	501.84	577.12
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	49	523.64	602.19
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	50	548.20	630.43
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	51	572.44	658.31
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	52	599.15	689.02
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	53	626.15	720.07
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	54	655.32	753.62
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	55	684.48	787.15
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	56	716.09	823.50
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	57	748.01	860.21
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	58	782.08	899.39
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	59	798.97	918.82
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	60	833.04	958.00
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	61	862.50	991.88
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	62	881.84	1014.12
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	63	906.09	1042.00
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	64	920.52	1058.60
14002TN0350002	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	920.52	1058.60

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	186.81	186.81
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	21	294.19	338.32
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	22	294.19	338.32
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	23	294.19	338.32
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	24	294.19	338.32
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	25	295.37	339.68
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	26	301.25	346.44
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	27	308.31	354.56
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	28	319.78	367.75
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	29	329.20	378.58
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	30	333.91	384.00
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	31	340.96	392.10
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	32	348.03	400.23
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	33	352.44	405.31
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	34	357.15	410.72
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	35	359.50	413.43
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	36	361.86	416.14
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	37	364.21	418.84
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	38	366.56	421.54
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	39	371.27	426.96
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	40	375.97	432.37
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	41	383.04	440.50
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	42	389.80	448.27

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	43	399.22	459.10
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	44	410.98	472.63
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	45	424.81	488.53
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	46	441.29	507.48
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	47	459.82	528.79
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	48	481.00	553.15
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	49	501.89	577.17
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	50	525.43	604.24
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	51	548.66	630.96
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	52	574.26	660.40
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	53	600.15	690.17
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	54	628.10	722.32
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	55	656.05	754.46
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	56	686.35	789.30
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	57	716.95	824.49
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	58	749.60	862.04
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	59	765.78	880.65
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	60	798.44	918.21
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	61	826.67	950.67
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	62	845.21	971.99
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	63	868.46	998.73
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	64	882.28	1014.62
14002TN0350002	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	882.28	1014.62

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	174.62	174.62
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	21	275.00	316.25
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	22	275.00	316.25
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	23	275.00	316.25
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	24	275.00	316.25
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	25	276.10	317.52
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	26	281.60	323.84
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	27	288.20	331.43
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	28	298.92	343.76
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	29	307.72	353.88
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	30	312.13	358.95
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	31	318.72	366.53
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	32	325.32	374.12
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	33	329.45	378.87
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	34	333.85	383.93
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	35	336.05	386.46
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	36	338.25	388.99
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	37	340.45	391.52
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	38	342.65	394.05
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	39	347.05	399.11
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	40	351.45	404.17
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	41	358.05	411.76
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	42	364.37	419.03

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	43	373.18	429.16
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	44	384.17	441.80
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	45	397.10	456.67
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	46	412.50	474.38
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	47	429.82	494.29
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	48	449.62	517.06
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	49	469.15	539.52
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	50	491.15	564.82
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	51	512.87	589.80
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	52	536.80	617.32
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	53	560.99	645.14
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	54	587.13	675.20
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	55	613.25	705.24
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	56	641.57	737.81
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	57	670.17	770.70
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	58	700.70	805.81
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	59	715.83	823.20
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	60	746.35	858.30
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	61	772.74	888.65
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	62	790.07	908.58
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	63	811.80	933.57
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	64	824.73	948.44
14002TN0350002	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	824.73	948.44

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	195.46	195.46
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	21	307.82	353.99
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	22	307.82	353.99
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	23	307.82	353.99
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	24	307.82	353.99
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	25	309.05	355.41
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	26	315.21	362.49
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	27	322.59	370.98
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	28	334.60	384.79
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	29	344.45	396.12
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	30	349.38	401.79
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	31	356.76	410.27
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	32	364.15	418.77
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	33	368.77	424.09
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	34	373.69	429.74
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	35	376.16	432.58
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	36	378.62	435.41
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	37	381.08	438.24
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	38	383.55	441.08
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	39	388.48	446.75
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	40	393.39	452.40
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	41	400.78	460.90
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	42	407.86	469.04

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	43	417.72	480.38
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	44	430.02	494.52
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	45	444.49	511.16
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	46	461.74	531.00
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	47	481.12	553.29
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	48	503.29	578.78
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	49	525.15	603.92
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	50	549.77	632.24
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	51	574.09	660.20
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	52	600.87	691.00
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	53	627.95	722.14
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	54	657.20	755.78
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	55	686.44	789.41
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	56	718.15	825.87
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	57	750.16	862.68
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	58	784.33	901.98
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	59	801.26	921.45
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	60	835.43	960.74
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	61	864.97	994.72
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	62	884.37	1017.03
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	63	908.69	1044.99
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	64	923.16	1061.63
14002TN0350002	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	923.16	1061.63

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	175.82	175.82
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	21	276.89	318.42
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	22	276.89	318.42
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	23	276.89	318.42
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	24	276.89	318.42
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	25	277.99	319.69
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	26	283.53	326.06
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	27	290.18	333.71
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	28	300.97	346.12
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	29	309.83	356.30
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	30	314.26	361.40
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	31	320.91	369.05
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	32	327.56	376.69
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	33	331.71	381.47
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	34	336.14	386.56
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	35	338.35	389.10
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	36	340.57	391.66
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	37	342.78	394.20
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	38	345.00	396.75
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	39	349.43	401.84
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	40	353.86	406.94
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	41	360.51	414.59
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	42	366.87	421.90

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	43	375.73	432.09
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	44	386.81	444.83
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	45	399.82	459.79
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	46	415.33	477.63
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	47	432.77	497.69
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	48	452.71	520.62
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	49	472.37	543.23
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	50	494.52	568.70
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	51	516.39	593.85
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	52	540.48	621.55
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	53	564.85	649.58
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	54	591.15	679.82
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	55	617.45	710.07
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	56	645.97	742.87
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	57	674.77	775.99
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	58	705.50	811.33
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	59	720.73	828.84
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	60	751.47	864.19
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	61	778.05	894.76
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	62	795.49	914.81
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	63	817.36	939.96
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	64	830.38	954.94
14002TN0350006	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	830.38	954.94

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	176.32	176.32
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	21	277.67	319.32
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	22	277.67	319.32
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	23	277.67	319.32
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	24	277.67	319.32
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	25	278.77	320.59
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	26	284.33	326.98
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	27	291.00	334.65
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	28	301.83	347.10
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	29	310.71	357.32
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	30	315.15	362.42
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	31	321.82	370.09
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	32	328.48	377.75
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	33	332.65	382.55
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	34	337.09	387.65
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	35	339.31	390.21
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	36	341.53	392.76
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	37	343.75	395.31
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	38	345.97	397.87
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	39	350.42	402.98
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	40	354.86	408.09
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	41	361.52	415.75
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	42	367.91	423.10

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	43	376.80	433.32
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	44	387.90	446.09
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	45	400.95	461.09
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	46	416.50	478.98
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	47	434.00	499.10
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	48	453.99	522.09
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	49	473.70	544.76
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	50	495.92	570.31
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	51	517.85	595.53
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	52	542.01	623.31
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	53	566.44	651.41
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	54	592.82	681.74
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	55	619.20	712.08
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	56	647.80	744.97
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	57	676.68	778.18
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	58	707.50	813.63
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	59	722.77	831.19
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	60	753.59	866.63
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	61	780.25	897.29
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	62	797.74	917.40
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	63	819.68	942.63
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	64	832.73	957.64
14002TN0350006	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	832.73	957.64

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	176.98	176.98
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	21	278.71	320.52
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	22	278.71	320.52
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	23	278.71	320.52
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	24	278.71	320.52
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	25	279.82	321.79
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	26	285.40	328.21
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	27	292.09	335.90
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	28	302.96	348.40
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	29	311.88	358.66
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	30	316.34	363.79
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	31	323.03	371.48
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	32	329.72	379.18
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	33	333.90	383.99
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	34	338.35	389.10
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	35	340.58	391.67
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	36	342.81	394.23
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	37	345.04	396.80
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	38	347.27	399.36
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	39	351.73	404.49
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	40	356.19	409.62
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	41	362.88	417.31
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	42	369.29	424.68

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	43	378.21	434.94
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	44	389.36	447.76
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	45	402.46	462.83
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	46	418.07	480.78
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	47	435.62	500.96
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	48	455.69	524.04
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	49	475.48	546.80
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	50	497.78	572.45
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	51	519.80	597.77
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	52	544.04	625.65
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	53	568.57	653.86
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	54	595.05	684.31
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	55	621.53	714.76
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	56	650.23	747.76
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	57	679.22	781.10
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	58	710.16	816.68
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	59	725.48	834.30
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	60	756.42	869.88
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	61	783.18	900.66
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	62	800.74	920.85
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	63	822.75	946.16
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	64	835.85	961.23
14002TN0350006	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	835.85	961.23

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	181.74	181.74
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	21	286.21	329.14
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	22	286.21	329.14
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	23	286.21	329.14
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	24	286.21	329.14
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	25	287.35	330.45
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	26	293.07	337.03
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	27	299.94	344.93
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	28	311.11	357.78
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	29	320.26	368.30
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	30	324.84	373.57
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	31	331.71	381.47
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	32	338.58	389.37
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	33	342.87	394.30
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	34	347.45	399.57
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	35	349.74	402.20
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	36	352.03	404.83
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	37	354.32	407.47
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	38	356.61	410.10
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	39	361.19	415.37
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	40	365.77	420.64
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	41	372.64	428.54
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	42	379.22	436.10

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	43	388.38	446.64
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	44	399.83	459.80
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	45	413.28	475.27
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	46	429.31	493.71
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	47	447.34	514.44
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	48	467.95	538.14
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	49	488.27	561.51
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	50	511.16	587.83
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	51	533.77	613.84
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	52	558.67	642.47
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	53	583.86	671.44
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	54	611.05	702.71
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	55	638.24	733.98
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	56	667.72	767.88
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	57	697.48	802.10
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	58	729.25	838.64
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	59	744.99	856.74
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	60	776.76	893.27
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	61	804.24	924.88
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	62	822.27	945.61
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	63	844.88	971.61
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	64	858.33	987.08
14002TN0350006	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	858.33	987.08

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	202.22	202.22
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	21	318.46	366.23
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	22	318.46	366.23
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	23	318.46	366.23
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	24	318.46	366.23
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	25	319.72	367.68
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	26	326.10	375.02
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	27	333.74	383.80
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	28	346.16	398.08
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	29	356.35	409.80
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	30	361.45	415.67
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	31	369.09	424.45
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	32	376.73	433.24
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	33	381.51	438.74
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	34	386.61	444.60
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	35	389.15	447.52
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	36	391.70	450.46
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	37	394.25	453.39
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	38	396.80	456.32
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	39	401.89	462.17
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	40	406.99	468.04
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	41	414.63	476.82
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	42	421.95	485.24

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	43	432.14	496.96
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	44	444.88	511.61
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	45	459.85	528.83
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	46	477.68	549.33
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	47	497.75	572.41
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	48	520.68	598.78
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	49	543.29	624.78
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	50	568.76	654.07
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	51	593.92	683.01
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	52	621.63	714.87
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	53	649.65	747.10
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	54	679.90	781.89
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	55	710.16	816.68
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	56	742.96	854.40
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	57	776.08	892.49
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	58	811.43	933.14
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	59	828.94	953.28
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	60	864.29	993.93
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	61	894.86	1029.09
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	62	914.92	1052.16
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	63	940.08	1081.09
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	64	955.05	1098.31
14002TN0350003	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	955.05	1098.31

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	190.08	190.08
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	21	299.34	344.24
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	22	299.34	344.24
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	23	299.34	344.24
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	24	299.34	344.24
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	25	300.53	345.61
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	26	306.52	352.50
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	27	313.70	360.76
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	28	325.38	374.19
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	29	334.96	385.20
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	30	339.75	390.71
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	31	346.93	398.97
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	32	354.11	407.23
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	33	358.60	412.39
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	34	363.39	417.90
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	35	365.79	420.66
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	36	368.18	423.41
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	37	370.58	426.17
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	38	372.97	428.92
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	39	377.76	434.42
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	40	382.55	439.93
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	41	389.74	448.20
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	42	396.62	456.11

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	43	406.20	467.13
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	44	418.17	480.90
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	45	432.24	497.08
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	46	449.00	516.35
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	47	467.86	538.04
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	48	489.41	562.82
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	49	510.67	587.27
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	50	534.61	614.80
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	51	558.26	642.00
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	52	584.30	671.95
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	53	610.64	702.24
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	54	639.08	734.94
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	55	667.52	767.65
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	56	698.35	803.10
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	57	729.48	838.90
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	58	762.71	877.12
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	59	779.17	896.05
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	60	812.40	934.26
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	61	841.13	967.30
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	62	859.99	988.99
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	63	883.64	1016.19
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	64	897.71	1032.37
14002TN0350003	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	897.71	1032.37

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	195.91	195.91
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	21	308.52	354.80
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	22	308.52	354.80
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	23	308.52	354.80
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	24	308.52	354.80
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	25	309.75	356.21
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	26	315.92	363.31
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	27	323.33	371.83
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	28	335.36	385.66
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	29	345.23	397.01
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	30	350.17	402.70
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	31	357.58	411.22
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	32	364.98	419.73
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	33	369.61	425.05
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	34	374.54	430.72
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	35	377.01	433.56
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	36	379.48	436.40
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	37	381.95	439.24
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	38	384.42	442.08
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	39	389.35	447.75
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	40	394.29	453.43
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	41	401.69	461.94
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	42	408.79	470.11

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	43	418.66	481.46
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	44	431.00	495.65
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	45	445.50	512.33
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	46	462.78	532.20
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	47	482.22	554.55
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	48	504.43	580.09
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	49	526.34	605.29
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	50	551.02	633.67
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	51	575.39	661.70
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	52	602.23	692.56
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	53	629.38	723.79
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	54	658.69	757.49
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	55	688.00	791.20
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	56	719.78	827.75
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	57	751.86	864.64
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	58	786.11	904.03
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	59	803.08	923.54
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	60	837.32	962.92
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	61	866.94	996.98
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	62	886.38	1019.34
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	63	910.75	1047.36
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	64	925.25	1064.04
14002TN0350003	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	925.25	1064.04

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	208.21	208.21
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	21	327.90	377.09
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	22	327.90	377.09
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	23	327.90	377.09
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	24	327.90	377.09
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	25	329.20	378.58
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	26	335.76	386.12
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	27	343.63	395.17
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	28	356.42	409.88
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	29	366.91	421.95
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	30	372.16	427.98
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	31	380.03	437.03
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	32	387.90	446.09
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	33	392.82	451.74
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	34	398.06	457.77
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	35	400.69	460.79
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	36	403.31	463.81
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	37	405.93	466.82
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	38	408.56	469.84
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	39	413.80	475.87
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	40	419.05	481.91
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	41	426.92	490.96
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	42	434.46	499.63

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	43	444.95	511.69
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	44	458.07	526.78
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	45	473.48	544.50
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	46	491.84	565.62
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	47	512.50	589.38
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	48	536.11	616.53
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	49	559.39	643.30
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	50	585.62	673.46
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	51	611.52	703.25
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	52	640.05	736.06
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	53	668.91	769.25
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	54	700.06	805.07
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	55	731.21	840.89
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	56	764.98	879.73
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	57	799.08	918.94
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	58	835.48	960.80
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	59	853.51	981.54
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	60	889.91	1023.40
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	61	921.39	1059.60
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	62	942.04	1083.35
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	63	967.95	1113.14
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	64	983.36	1130.86
14002TN0350003	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	983.36	1130.86

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	210.68	210.68
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	21	331.79	381.56
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	22	331.79	381.56
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	23	331.79	381.56
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	24	331.79	381.56
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	25	333.11	383.08
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	26	339.75	390.71
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	27	347.71	399.87
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	28	360.65	414.75
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	29	371.27	426.96
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	30	376.58	433.07
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	31	384.54	442.22
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	32	392.50	451.38
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	33	397.48	457.10
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	34	402.79	463.21
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	35	405.44	466.26
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	36	408.10	469.32
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	37	410.75	472.36
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	38	413.41	475.42
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	39	418.72	481.53
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	40	424.02	487.62
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	41	431.99	496.79
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	42	439.62	505.56

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	43	450.23	517.76
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	44	463.51	533.04
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	45	479.10	550.97
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	46	497.68	572.33
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	47	518.58	596.37
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	48	542.47	623.84
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	49	566.03	650.93
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	50	592.57	681.46
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	51	618.78	711.60
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	52	647.65	744.80
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	53	676.85	778.38
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	54	708.37	814.63
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	55	739.88	850.86
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	56	774.06	890.17
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	57	808.57	929.86
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	58	845.39	972.20
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	59	863.64	993.19
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	60	900.47	1035.54
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	61	932.32	1072.17
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	62	953.22	1096.20
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	63	979.43	1126.34
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	64	995.03	1144.28
14002TN0350003	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	995.03	1144.28

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	201.93	201.93
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	21	318.01	365.71
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	22	318.01	365.71
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	23	318.01	365.71
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	24	318.01	365.71
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	25	319.27	367.16
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	26	325.64	374.49
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	27	333.27	383.26
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	28	345.67	397.52
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	29	355.85	409.23
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	30	360.94	415.08
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	31	368.57	423.86
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	32	376.20	432.63
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	33	380.97	438.12
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	34	386.06	443.97
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	35	388.60	446.89
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	36	391.15	449.82
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	37	393.69	452.74
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	38	396.24	455.68
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	39	401.32	461.52
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	40	406.41	467.37
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	41	414.04	476.15
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	42	421.36	484.56

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	43	431.53	496.26
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	44	444.25	510.89
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	45	459.20	528.08
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	46	477.01	548.56
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	47	497.04	571.60
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	48	519.94	597.93
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	49	542.52	623.90
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	50	567.96	653.15
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	51	593.08	682.04
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	52	620.75	713.86
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	53	648.73	746.04
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	54	678.94	780.78
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	55	709.15	815.52
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	56	741.91	853.20
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	57	774.98	891.23
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	58	810.28	931.82
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	59	827.77	951.94
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	60	863.07	992.53
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	61	893.60	1027.64
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	62	913.63	1050.67
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	63	938.75	1079.56
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	64	953.70	1096.76
14002TN0350003	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	953.70	1096.76

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	188.76	188.76
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	21	297.26	341.85
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	22	297.26	341.85
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	23	297.26	341.85
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	24	297.26	341.85
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	25	298.45	343.22
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	26	304.40	350.06
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	27	311.53	358.26
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	28	323.12	371.59
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	29	332.63	382.52
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	30	337.39	388.00
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	31	344.53	396.21
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	32	351.66	404.41
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	33	356.12	409.54
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	34	360.87	415.00
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	35	363.25	417.74
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	36	365.63	420.47
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	37	368.01	423.21
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	38	370.39	425.95
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	39	375.14	431.41
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	40	379.90	436.89
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	41	387.03	445.08
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	42	393.87	452.95

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	43	403.38	463.89
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	44	415.27	477.56
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	45	429.24	493.63
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	46	445.89	512.77
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	47	464.62	534.31
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	48	486.02	558.92
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	49	507.13	583.20
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	50	530.91	610.55
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	51	554.39	637.55
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	52	580.25	667.29
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	53	606.41	697.37
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	54	634.65	729.85
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	55	662.89	762.32
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	56	693.51	797.54
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	57	724.43	833.09
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	58	757.42	871.03
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	59	773.77	889.84
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	60	806.77	927.79
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	61	835.30	960.60
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	62	854.03	982.13
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	63	877.51	1009.14
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	64	891.48	1025.20
14002TN0350003	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	891.48	1025.20

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	211.29	211.29
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	21	332.74	382.65
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	22	332.74	382.65
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	23	332.74	382.65
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	24	332.74	382.65
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	25	334.07	384.18
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	26	340.73	391.84
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	27	348.71	401.02
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	28	361.69	415.94
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	29	372.34	428.19
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	30	377.66	434.31
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	31	385.65	443.50
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	32	393.63	452.67
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	33	398.62	458.41
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	34	403.95	464.54
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	35	406.61	467.60
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	36	409.27	470.66
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	37	411.93	473.72
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	38	414.59	476.78
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	39	419.92	482.91
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	40	425.24	489.03
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	41	433.23	498.21
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	42	440.88	507.01

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	43	451.53	519.26
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	44	464.84	534.57
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	45	480.48	552.55
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	46	499.11	573.98
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	47	520.07	598.08
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	48	544.03	625.63
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	49	567.65	652.80
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	50	594.27	683.41
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	51	620.56	713.64
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	52	649.51	746.94
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	53	678.79	780.61
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	54	710.40	816.96
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	55	742.01	853.31
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	56	776.28	892.72
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	57	810.89	932.52
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	58	847.82	974.99
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	59	866.12	996.04
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	60	903.06	1038.52
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	61	935.00	1075.25
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	62	955.96	1099.35
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	63	982.25	1129.59
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	64	997.89	1147.57
14002TN0350003	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	997.89	1147.57

Rates Table Template	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	126.48	126.48
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	21	199.18	229.06
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	22	199.18	229.06
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	23	199.18	229.06
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	24	199.18	229.06
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	25	199.98	229.98
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	26	203.97	234.57
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	27	208.75	240.06
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	28	216.51	248.99
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	29	222.88	256.31
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	30	226.07	259.98
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	31	230.85	265.48
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	32	235.64	270.99
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	33	238.62	274.41
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	34	241.81	278.08
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	35	243.41	279.92
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	36	245.00	281.75
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	37	246.59	283.58
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	38	248.19	285.42
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	39	251.37	289.08
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	40	254.55	292.73
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	41	259.34	298.24
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	42	263.92	303.51

Rates Table Template	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	43	270.29	310.83
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	44	278.26	320.00
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	45	287.62	330.76
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	46	298.78	343.60
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	47	311.33	358.03
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	48	325.66	374.51
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	49	339.81	390.78
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	50	355.74	409.10
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	51	371.48	427.20
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	52	388.80	447.12
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	53	406.34	467.29
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	54	425.26	489.05
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	55	444.18	510.81
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	56	464.70	534.41
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	57	485.41	558.22
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	58	507.52	583.65
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	59	518.47	596.24
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	60	540.59	621.68
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	61	559.71	643.67
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	62	572.26	658.10
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	63	587.99	676.19
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	64	597.35	686.95
14002TN0370009	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	597.35	686.95

Rates Table Template	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	129.24	129.24
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	21	203.54	234.07
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	22	203.54	234.07
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	23	203.54	234.07
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	24	203.54	234.07
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	25	204.35	235.00
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	26	208.42	239.68
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	27	213.31	245.31
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	28	221.24	254.43
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	29	227.75	261.91
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	30	231.01	265.66
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	31	235.90	271.29
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	32	240.79	276.91
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	33	243.84	280.42
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	34	247.10	284.17
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	35	248.73	286.04
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	36	250.35	287.90
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	37	251.98	289.78
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	38	253.61	291.65
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	39	256.86	295.39
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	40	260.12	299.14
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	41	265.00	304.75
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	42	269.69	310.14

Rates Table Template	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	43	276.20	317.63
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	44	284.35	327.00
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	45	293.90	337.99
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	46	305.31	351.11
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	47	318.13	365.85
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	48	332.78	382.70
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	49	347.24	399.33
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	50	363.51	418.04
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	51	379.60	436.54
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	52	397.30	456.90
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	53	415.22	477.50
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	54	434.55	499.73
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	55	453.89	521.97
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	56	474.85	546.08
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	57	496.02	570.42
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	58	518.62	596.41
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	59	529.80	609.27
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	60	552.40	635.26
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	61	571.94	657.73
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	62	584.76	672.47
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	63	600.84	690.97
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	64	610.41	701.97
14002TN0370009	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	610.41	701.97

Rates Table Template	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	136.19	136.19
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	21	214.47	246.64
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	22	214.47	246.64
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	23	214.47	246.64
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	24	214.47	246.64
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	25	215.33	247.63
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	26	219.62	252.56
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	27	224.77	258.49
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	28	233.12	268.09
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	29	239.99	275.99
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	30	243.42	279.93
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	31	248.57	285.86
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	32	253.72	291.78
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	33	256.94	295.48
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	34	260.37	299.43
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	35	262.09	301.40
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	36	263.80	303.37
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	37	265.52	305.35
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	38	267.24	307.33
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	39	270.66	311.26
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	40	274.09	315.20
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	41	279.24	321.13
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	42	284.17	326.80

Rates Table Template	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	43	291.04	334.70
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	44	299.62	344.56
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	45	309.69	356.14
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	46	321.71	369.97
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	47	335.22	385.50
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	48	350.66	403.26
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	49	365.89	420.77
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	50	383.04	440.50
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	51	399.99	459.99
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	52	418.64	481.44
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	53	437.52	503.15
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	54	457.89	526.57
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	55	478.27	550.01
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	56	500.36	575.41
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	57	522.66	601.06
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	58	546.47	628.44
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	59	558.26	642.00
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	60	582.08	669.39
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	61	602.66	693.06
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	62	616.18	708.61
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	63	633.11	728.08
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	64	643.20	739.68
14002TN0370009	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	643.20	739.68

Rates Table Template	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	138.88	138.88
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	21	218.71	251.52
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	22	218.71	251.52
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	23	218.71	251.52
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	24	218.71	251.52
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	25	219.58	252.52
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	26	223.96	257.55
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	27	229.21	263.59
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	28	237.73	273.39
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	29	244.73	281.44
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	30	248.23	285.46
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	31	253.48	291.50
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	32	258.73	297.54
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	33	262.01	301.31
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	34	265.51	305.34
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	35	267.26	307.35
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	36	269.02	309.37
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	37	270.77	311.39
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	38	272.52	313.40
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	39	276.00	317.40
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	40	279.50	321.43
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	41	284.76	327.47
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	42	289.79	333.26

Rates Table Template	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	43	296.79	341.31
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	44	305.54	351.37
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	45	315.81	363.18
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	46	328.06	377.27
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	47	341.84	393.12
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	48	357.59	411.23
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	49	373.12	429.09
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	50	390.61	449.20
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	51	407.89	469.07
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	52	426.91	490.95
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	53	446.17	513.10
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	54	466.94	536.98
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	55	487.72	560.88
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	56	510.25	586.79
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	57	532.99	612.94
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	58	557.27	640.86
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	59	569.29	654.68
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	60	593.58	682.62
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	61	614.57	706.76
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	62	628.35	722.60
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	63	645.62	742.46
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	64	655.91	754.30
14002TN0370009	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	655.91	754.30

Rates Table Template	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	143.31	143.31
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	21	225.69	259.54
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	22	225.69	259.54
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	23	225.69	259.54
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	24	225.69	259.54
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	25	226.60	260.59
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	26	231.11	265.78
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	27	236.53	272.01
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	28	245.32	282.12
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	29	252.55	290.43
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	30	256.16	294.58
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	31	261.58	300.82
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	32	267.00	307.05
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	33	270.38	310.94
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	34	274.00	315.10
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	35	275.80	317.17
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	36	277.61	319.25
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	37	279.41	321.32
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	38	281.22	323.40
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	39	284.82	327.54
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	40	288.43	331.69
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	41	293.85	337.93
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	42	299.04	343.90

Rates Table Template	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	43	306.27	352.21
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	44	315.30	362.60
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	45	325.90	374.79
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	46	338.54	389.32
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	47	352.76	405.67
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	48	369.01	424.36
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	49	385.04	442.80
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	50	403.09	463.55
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	51	420.92	484.06
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	52	440.55	506.63
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	53	460.42	529.48
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	54	481.85	554.13
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	55	503.30	578.80
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	56	526.54	605.52
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	57	550.01	632.51
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	58	575.07	661.33
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	59	587.48	675.60
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	60	612.54	704.42
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	61	634.20	729.33
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	62	648.42	745.68
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	63	666.25	766.19
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	64	676.86	778.39
14002TN0370009	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	676.86	778.39

Rates Table Template	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	146.10	146.10
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	21	230.08	264.59
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	22	230.08	264.59
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	23	230.08	264.59
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	24	230.08	264.59
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	25	231.00	265.65
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	26	235.60	270.94
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	27	241.13	277.30
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	28	250.09	287.60
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	29	257.46	296.08
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	30	261.14	300.31
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	31	266.66	306.66
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	32	272.19	313.02
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	33	275.64	316.99
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	34	279.32	321.22
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	35	281.16	323.33
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	36	283.00	325.45
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	37	284.84	327.57
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	38	286.69	329.69
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	39	290.36	333.91
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	40	294.04	338.15
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	41	299.56	344.49
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	42	304.86	350.59

Rates Table Template	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	43	312.22	359.05
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	44	321.43	369.64
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	45	332.23	382.06
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	46	345.12	396.89
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	47	359.62	413.56
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	48	376.18	432.61
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	49	392.52	451.40
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	50	410.92	472.56
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	51	429.10	493.47
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	52	449.11	516.48
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	53	469.37	539.78
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	54	491.22	564.90
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	55	513.08	590.04
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	56	536.78	617.30
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	57	560.70	644.81
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	58	586.25	674.19
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	59	598.89	688.72
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	60	624.44	718.11
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	61	646.52	743.50
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	62	661.02	760.17
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	63	679.19	781.07
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	64	690.01	793.51
14002TN0370009	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	690.01	793.51

Rates Table Template	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	128.35	128.35
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	21	202.13	232.45
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	22	202.13	232.45
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	23	202.13	232.45
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	24	202.13	232.45
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	25	202.94	233.38
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	26	206.98	238.03
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	27	211.83	243.60
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	28	219.71	252.67
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	29	226.18	260.11
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	30	229.41	263.82
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	31	234.26	269.40
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	32	239.12	274.99
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	33	242.15	278.47
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	34	245.38	282.19
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	35	247.00	284.05
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	36	248.62	285.91
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	37	250.24	287.78
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	38	251.85	289.63
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	39	255.08	293.34
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	40	258.31	297.06
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	41	263.17	302.65
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	42	267.82	307.99

Rates Table Template	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	43	274.29	315.43
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	44	282.37	324.73
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	45	291.87	335.65
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	46	303.19	348.67
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	47	315.93	363.32
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	48	330.47	380.04
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	49	344.83	396.55
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	50	360.99	415.14
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	51	376.97	433.52
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	52	394.55	453.73
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	53	412.34	474.19
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	54	431.54	496.27
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	55	450.75	518.36
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	56	471.56	542.29
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	57	492.58	566.47
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	58	515.02	592.27
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	59	526.13	605.05
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	60	548.57	630.86
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	61	567.97	653.17
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	62	580.71	667.82
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	63	596.67	686.17
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	64	606.18	697.11
14002TN0370009	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	606.18	697.11

Rates Table Template	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	140.93	140.93
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	21	221.94	255.23
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	22	221.94	255.23
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	23	221.94	255.23
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	24	221.94	255.23
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	25	222.83	256.25
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	26	227.27	261.36
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	27	232.60	267.49
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	28	241.24	277.43
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	29	248.35	285.60
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	30	251.90	289.69
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	31	257.23	295.81
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	32	262.56	301.94
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	33	265.89	305.77
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	34	269.44	309.86
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	35	271.21	311.89
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	36	272.99	313.94
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	37	274.77	315.99
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	38	276.54	318.02
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	39	280.08	322.09
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	40	283.64	326.19
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	41	288.96	332.30
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	42	294.07	338.18

Rates Table Template	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	43	301.17	346.35
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	44	310.05	356.56
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	45	320.48	368.55
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	46	332.91	382.85
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	47	346.90	398.94
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	48	362.87	417.30
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	49	378.63	435.42
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	50	396.38	455.84
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	51	413.92	476.01
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	52	433.22	498.20
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	53	452.76	520.67
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	54	473.84	544.92
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	55	494.93	569.17
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	56	517.79	595.46
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	57	540.86	621.99
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	58	565.51	650.34
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	59	577.70	664.36
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	60	602.35	692.70
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	61	623.65	717.20
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	62	637.64	733.29
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	63	655.16	753.43
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	64	665.60	765.44
14002TN0370009	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	665.60	765.44

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	116.47	116.47
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	21	183.40	210.91
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	22	183.40	210.91
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	23	183.40	210.91
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	24	183.40	210.91
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	25	184.14	211.76
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	26	187.81	215.98
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	27	192.20	221.03
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	28	199.36	229.26
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	29	205.22	236.00
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	30	208.16	239.38
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	31	212.57	244.46
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	32	216.96	249.50
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	33	219.72	252.68
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	34	222.65	256.05
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	35	224.12	257.74
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	36	225.58	259.42
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	37	227.05	261.11
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	38	228.52	262.80
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	39	231.45	266.17
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	40	234.39	269.55
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	41	238.79	274.61
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	42	243.01	279.46

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	43	248.88	286.21
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	44	256.21	294.64
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	45	264.83	304.55
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	46	275.11	316.38
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	47	286.65	329.65
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	48	299.87	344.85
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	49	312.88	359.81
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	50	327.55	376.68
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	51	342.04	393.35
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	52	358.01	411.71
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	53	374.14	430.26
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	54	391.56	450.29
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	55	408.98	470.33
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	56	427.88	492.06
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	57	446.95	513.99
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	58	467.31	537.41
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	59	477.40	549.01
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	60	497.75	572.41
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	61	515.36	592.66
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	62	526.91	605.95
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	63	541.41	622.62
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	64	550.03	632.53
14002TN0370010	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	550.03	632.53

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	119.01	119.01
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	21	187.41	215.52
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	22	187.41	215.52
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	23	187.41	215.52
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	24	187.41	215.52
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	25	188.16	216.38
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	26	191.91	220.70
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	27	196.40	225.86
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	28	203.72	234.28
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	29	209.71	241.17
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	30	212.71	244.62
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	31	217.21	249.79
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	32	221.70	254.96
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	33	224.52	258.20
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	34	227.52	261.65
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	35	229.02	263.37
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	36	230.51	265.09
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	37	232.01	266.81
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	38	233.51	268.54
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	39	236.51	271.99
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	40	239.51	275.44
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	41	244.01	280.61
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	42	248.32	285.57

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	43	254.32	292.47
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	44	261.81	301.08
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	45	270.62	311.21
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	46	281.12	323.29
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	47	292.92	336.86
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	48	306.42	352.38
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	49	319.72	367.68
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	50	334.71	384.92
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	51	349.52	401.95
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	52	365.83	420.70
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	53	382.32	439.67
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	54	400.12	460.14
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	55	417.92	480.61
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	56	437.23	502.81
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	57	456.72	525.23
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	58	477.52	549.15
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	59	487.83	561.00
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	60	508.63	584.92
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	61	526.62	605.61
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	62	538.43	619.19
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	63	553.24	636.23
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	64	562.05	646.36
14002TN0370010	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	562.05	646.36

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	125.40	125.40
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	21	197.48	227.10
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	22	197.48	227.10
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	23	197.48	227.10
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	24	197.48	227.10
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	25	198.27	228.01
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	26	202.22	232.55
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	27	206.95	237.99
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	28	214.66	246.86
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	29	220.97	254.12
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	30	224.14	257.76
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	31	228.88	263.21
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	32	233.61	268.65
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	33	236.58	272.07
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	34	239.74	275.70
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	35	241.32	277.52
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	36	242.89	279.32
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	37	244.47	281.14
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	38	246.05	282.96
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	39	249.21	286.59
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	40	252.38	290.24
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	41	257.12	295.69
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	42	261.66	300.91

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	43	267.98	308.18
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	44	275.87	317.25
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	45	285.16	327.93
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	46	296.22	340.65
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	47	308.65	354.95
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	48	322.88	371.31
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	49	336.89	387.42
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	50	352.69	405.59
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	51	368.29	423.53
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	52	385.48	443.30
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	53	402.86	463.29
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	54	421.61	484.85
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	55	440.37	506.43
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	56	460.72	529.83
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	57	481.25	553.44
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	58	503.17	578.65
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	59	514.03	591.13
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	60	535.95	616.34
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	61	554.91	638.15
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	62	567.35	652.45
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	63	582.96	670.40
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	64	592.24	681.08
14002TN0370010	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	592.24	681.08

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	127.88	127.88
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	21	201.38	231.59
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	22	201.38	231.59
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	23	201.38	231.59
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	24	201.38	231.59
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	25	202.18	232.51
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	26	206.21	237.14
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	27	211.04	242.70
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	28	218.90	251.74
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	29	225.34	259.14
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	30	228.56	262.84
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	31	233.40	268.41
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	32	238.23	273.96
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	33	241.25	277.44
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	34	244.48	281.15
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	35	246.09	283.00
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	36	247.69	284.84
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	37	249.30	286.70
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	38	250.91	288.55
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	39	254.14	292.26
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	40	257.36	295.96
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	41	262.20	301.53
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	42	266.83	306.85

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	43	273.28	314.27
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	44	281.32	323.52
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	45	290.79	334.41
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	46	302.07	347.38
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	47	314.75	361.96
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	48	329.26	378.65
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	49	343.55	395.08
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	50	359.66	413.61
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	51	375.57	431.91
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	52	393.10	452.07
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	53	410.82	472.44
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	54	429.94	494.43
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	55	449.07	516.43
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	56	469.82	540.29
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	57	490.76	564.37
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	58	513.11	590.08
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	59	524.19	602.82
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	60	546.54	628.52
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	61	565.87	650.75
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	62	578.56	665.34
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	63	594.47	683.64
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	64	603.94	694.53
14002TN0370010	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	603.94	694.53

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	131.97	131.97
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	21	207.81	238.98
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	22	207.81	238.98
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	23	207.81	238.98
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	24	207.81	238.98
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	25	208.64	239.94
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	26	212.80	244.72
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	27	217.78	250.45
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	28	225.90	259.79
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	29	232.54	267.42
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	30	235.87	271.25
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	31	240.86	276.99
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	32	245.83	282.70
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	33	248.96	286.30
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	34	252.29	290.13
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	35	253.95	292.04
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	36	255.60	293.94
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	37	257.27	295.86
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	38	258.93	297.77
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	39	262.26	301.60
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	40	265.58	305.42
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	41	270.57	311.16
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	42	275.35	316.65

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	43	282.00	324.30
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	44	290.31	333.86
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	45	300.08	345.09
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	46	311.72	358.48
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	47	324.80	373.52
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	48	339.78	390.75
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	49	354.52	407.70
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	50	371.15	426.82
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	51	387.57	445.71
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	52	405.65	466.50
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	53	423.94	487.53
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	54	443.68	510.23
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	55	463.41	532.92
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	56	484.82	557.54
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	57	506.44	582.41
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	58	529.50	608.93
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	59	540.93	622.07
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	60	564.00	648.60
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	61	583.95	671.54
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	62	597.04	686.60
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	63	613.46	705.48
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	64	623.23	716.71
14002TN0370010	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	623.23	716.71

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	134.53	134.53
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	21	211.85	243.63
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	22	211.85	243.63
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	23	211.85	243.63
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	24	211.85	243.63
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	25	212.70	244.61
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	26	216.94	249.48
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	27	222.01	255.31
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	28	230.29	264.83
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	29	237.06	272.62
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	30	240.45	276.52
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	31	245.54	282.37
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	32	250.61	288.20
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	33	253.80	291.87
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	34	257.19	295.77
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	35	258.89	297.72
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	36	260.57	299.66
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	37	262.27	301.61
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	38	263.96	303.55
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	39	267.35	307.45
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	40	270.74	311.35
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	41	275.83	317.20
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	42	280.70	322.81

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	43	287.49	330.61
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	44	295.95	340.34
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	45	305.91	351.80
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	46	317.78	365.45
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	47	331.12	380.79
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	48	346.38	398.34
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	49	361.41	415.62
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	50	378.36	435.11
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	51	395.10	454.37
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	52	413.54	475.57
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	53	432.18	497.01
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	54	452.30	520.15
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	55	472.42	543.28
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	56	494.25	568.39
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	57	516.28	593.72
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	58	539.79	620.76
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	59	551.45	634.17
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	60	574.96	661.20
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	61	595.30	684.60
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	62	608.65	699.95
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	63	625.39	719.20
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	64	635.34	730.64
14002TN0370010	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	635.34	730.64

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	118.19	118.19
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	21	186.11	214.03
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	22	186.11	214.03
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	23	186.11	214.03
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	24	186.11	214.03
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	25	186.86	214.89
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	26	190.58	219.17
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	27	195.04	224.30
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	28	202.31	232.66
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	29	208.26	239.50
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	30	211.24	242.93
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	31	215.71	248.07
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	32	220.16	253.18
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	33	222.96	256.40
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	34	225.94	259.83
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	35	227.43	261.54
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	36	228.91	263.25
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	37	230.40	264.96
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	38	231.89	266.67
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	39	234.87	270.10
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	40	237.85	273.53
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	41	242.32	278.67
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	42	246.60	283.59

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	43	252.56	290.44
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	44	260.00	299.00
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	45	268.74	309.05
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	46	279.17	321.05
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	47	290.89	334.52
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	48	304.30	349.95
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	49	317.50	365.13
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	50	332.39	382.25
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	51	347.10	399.17
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	52	363.29	417.78
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	53	379.67	436.62
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	54	397.35	456.95
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	55	415.02	477.27
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	56	434.20	499.33
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	57	453.56	521.59
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	58	474.21	545.34
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	59	484.45	557.12
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	60	505.10	580.87
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	61	522.97	601.42
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	62	534.70	614.91
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	63	549.40	631.81
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	64	558.15	641.87
14002TN0370010	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	558.15	641.87

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	129.77	129.77
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	21	204.35	235.00
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	22	204.35	235.00
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	23	204.35	235.00
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	24	204.35	235.00
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	25	205.17	235.95
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	26	209.26	240.65
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	27	214.16	246.28
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	28	222.14	255.46
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	29	228.67	262.97
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	30	231.94	266.73
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	31	236.85	272.38
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	32	241.75	278.01
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	33	244.82	281.54
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	34	248.09	285.30
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	35	249.73	287.19
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	36	251.35	289.05
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	37	252.99	290.94
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	38	254.62	292.81
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	39	257.89	296.57
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	40	261.17	300.35
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	41	266.07	305.98
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	42	270.77	311.39

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	43	277.31	318.91
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	44	285.48	328.30
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	45	295.09	339.35
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	46	306.54	352.52
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	47	319.40	367.31
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	48	334.12	384.24
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	49	348.63	400.92
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	50	364.97	419.72
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	51	381.12	438.29
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	52	398.90	458.74
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	53	416.89	479.42
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	54	436.30	501.75
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	55	455.70	524.06
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	56	476.76	548.27
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	57	498.01	572.71
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	58	520.69	598.79
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	59	531.94	611.73
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	60	554.62	637.81
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	61	574.23	660.36
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	62	587.11	675.18
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	63	603.26	693.75
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	64	612.86	704.79
14002TN0370010	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	612.86	704.79

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	107.77	107.77
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	21	169.72	195.18
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	22	169.72	195.18
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	23	169.72	195.18
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	24	169.72	195.18
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	25	170.40	195.96
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	26	173.79	199.86
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	27	177.86	204.54
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	28	184.48	212.15
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	29	189.91	218.40
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	30	192.63	221.52
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	31	196.70	226.21
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	32	200.78	230.90
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	33	203.32	233.82
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	34	206.03	236.93
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	35	207.40	238.51
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	36	208.75	240.06
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	37	210.11	241.63
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	38	211.46	243.18
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	39	214.18	246.31
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	40	216.90	249.44
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	41	220.98	254.13
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	42	224.88	258.61

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	43	230.31	264.86
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	44	237.09	272.65
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	45	245.07	281.83
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	46	254.57	292.76
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	47	265.27	305.06
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	48	277.49	319.11
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	49	289.54	332.97
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	50	303.12	348.59
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	51	316.52	364.00
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	52	331.29	380.98
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	53	346.22	398.15
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	54	362.35	416.70
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	55	378.46	435.23
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	56	395.95	455.34
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	57	413.60	475.64
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	58	432.44	497.31
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	59	441.77	508.04
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	60	460.61	529.70
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	61	476.90	548.44
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	62	487.60	560.74
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	63	501.00	576.15
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	64	508.98	585.33
14002TN0370012	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	508.98	585.33

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	110.13	110.13
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	21	173.43	199.44
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	22	173.43	199.44
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	23	173.43	199.44
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	24	173.43	199.44
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	25	174.12	200.24
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	26	177.58	204.22
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	27	181.75	209.01
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	28	188.51	216.79
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	29	194.06	223.17
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	30	196.84	226.37
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	31	201.00	231.15
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	32	205.17	235.95
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	33	207.76	238.92
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	34	210.53	242.11
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	35	211.93	243.72
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	36	213.31	245.31
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	37	214.70	246.91
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	38	216.09	248.50
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	39	218.86	251.69
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	40	221.64	254.89
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	41	225.80	259.67
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	42	229.79	264.26

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	43	235.34	270.64
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	44	242.27	278.61
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	45	250.43	287.99
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	46	260.14	299.16
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	47	271.07	311.73
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	48	283.55	326.08
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	49	295.86	340.24
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	50	309.74	356.20
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	51	323.44	371.96
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	52	338.52	389.30
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	53	353.78	406.85
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	54	370.27	425.81
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	55	386.74	444.75
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	56	404.60	465.29
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	57	422.63	486.02
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	58	441.89	508.17
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	59	451.43	519.14
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	60	470.67	541.27
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	61	487.33	560.43
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	62	498.26	573.00
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	63	511.95	588.74
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	64	520.10	598.12
14002TN0370012	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	520.10	598.12

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	116.04	116.04
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	21	182.74	210.15
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	22	182.74	210.15
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	23	182.74	210.15
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	24	182.74	210.15
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	25	183.48	211.00
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	26	187.12	215.19
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	27	191.51	220.24
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	28	198.64	228.44
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	29	204.49	235.16
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	30	207.41	238.52
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	31	211.79	243.56
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	32	216.19	248.62
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	33	218.92	251.76
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	34	221.84	255.12
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	35	223.31	256.81
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	36	224.77	258.49
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	37	226.24	260.18
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	38	227.69	261.84
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	39	230.62	265.21
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	40	233.54	268.57
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	41	237.93	273.62
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	42	242.13	278.45

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	43	247.98	285.18
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	44	255.29	293.58
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	45	263.88	303.46
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	46	274.11	315.23
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	47	285.63	328.47
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	48	298.78	343.60
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	49	311.76	358.52
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	50	326.38	375.34
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	51	340.81	391.93
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	52	356.71	410.22
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	53	372.79	428.71
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	54	390.15	448.67
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	55	407.51	468.64
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	56	426.33	490.28
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	57	445.34	512.14
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	58	465.63	535.47
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	59	475.68	547.03
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	60	495.96	570.35
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	61	513.50	590.53
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	62	525.02	603.77
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	63	539.45	620.37
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	64	548.04	630.25
14002TN0370012	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	548.04	630.25

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	118.34	118.34
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	21	186.35	214.30
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	22	186.35	214.30
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	23	186.35	214.30
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	24	186.35	214.30
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	25	187.10	215.17
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	26	190.82	219.44
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	27	195.30	224.60
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	28	202.56	232.94
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	29	208.53	239.81
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	30	211.51	243.24
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	31	215.98	248.38
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	32	220.46	253.53
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	33	223.24	256.73
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	34	226.23	260.16
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	35	227.72	261.88
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	36	229.21	263.59
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	37	230.71	265.32
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	38	232.19	267.02
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	39	235.17	270.45
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	40	238.16	273.88
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	41	242.64	279.04
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	42	246.92	283.96

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	43	252.88	290.81
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	44	260.33	299.38
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	45	269.10	309.47
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	46	279.53	321.46
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	47	291.27	334.96
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	48	304.69	350.39
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	49	317.92	365.61
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	50	332.83	382.75
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	51	347.54	399.67
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	52	363.76	418.32
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	53	380.15	437.17
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	54	397.86	457.54
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	55	415.56	477.89
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	56	434.76	499.97
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	57	454.14	522.26
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	58	474.83	546.05
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	59	485.07	557.83
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	60	505.75	581.61
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	61	523.65	602.20
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	62	535.39	615.70
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	63	550.11	632.63
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	64	558.87	642.70
14002TN0370012	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	558.87	642.70

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	122.12	122.12
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	21	192.30	221.15
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	22	192.30	221.15
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	23	192.30	221.15
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	24	192.30	221.15
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	25	193.08	222.04
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	26	196.91	226.45
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	27	201.54	231.77
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	28	209.03	240.38
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	29	215.19	247.47
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	30	218.27	251.01
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	31	222.88	256.31
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	32	227.50	261.63
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	33	230.38	264.94
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	34	233.45	268.47
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	35	235.00	270.25
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	36	236.53	272.01
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	37	238.08	273.79
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	38	239.61	275.55
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	39	242.69	279.09
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	40	245.76	282.62
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	41	250.39	287.95
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	42	254.81	293.03

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	43	260.96	300.10
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	44	268.65	308.95
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	45	277.69	319.34
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	46	288.46	331.73
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	47	300.58	345.67
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	48	314.42	361.58
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	49	328.07	377.28
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	50	343.46	394.98
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	51	358.65	412.45
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	52	375.38	431.69
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	53	392.30	451.15
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	54	410.57	472.16
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	55	428.84	493.17
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	56	448.64	515.94
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	57	468.64	538.94
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	58	489.99	563.49
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	59	500.57	575.66
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	60	521.91	600.20
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	61	540.37	621.43
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	62	552.50	635.38
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	63	567.68	652.83
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	64	576.72	663.23
14002TN0370012	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	576.72	663.23

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	124.49	124.49
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	21	196.04	225.45
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	22	196.04	225.45
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	23	196.04	225.45
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	24	196.04	225.45
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	25	196.83	226.35
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	26	200.74	230.85
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	27	205.45	236.27
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	28	213.10	245.07
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	29	219.37	252.28
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	30	222.51	255.89
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	31	227.21	261.29
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	32	231.92	266.71
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	33	234.85	270.08
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	34	237.99	273.69
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	35	239.56	275.49
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	36	241.13	277.30
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	37	242.70	279.11
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	38	244.26	280.90
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	39	247.40	284.51
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	40	250.54	288.12
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	41	255.25	293.54
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	42	259.76	298.72

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	43	266.03	305.93
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	44	273.87	314.95
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	45	283.09	325.55
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	46	294.06	338.17
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	47	306.42	352.38
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	48	320.53	368.61
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	49	334.45	384.62
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	50	350.14	402.66
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	51	365.62	420.46
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	52	382.67	440.07
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	53	399.92	459.91
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	54	418.55	481.33
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	55	437.17	502.75
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	56	457.36	525.96
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	57	477.75	549.41
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	58	499.52	574.45
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	59	510.30	586.85
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	60	532.05	611.86
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	61	550.88	633.51
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	62	563.23	647.71
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	63	578.71	665.52
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	64	587.93	676.12
14002TN0370012	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	587.93	676.12

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	109.36	109.36
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	21	172.22	198.05
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	22	172.22	198.05
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	23	172.22	198.05
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	24	172.22	198.05
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	25	172.92	198.86
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	26	176.35	202.80
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	27	180.49	207.56
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	28	187.21	215.29
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	29	192.72	221.63
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	30	195.48	224.80
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	31	199.60	229.54
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	32	203.74	234.30
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	33	206.32	237.27
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	34	209.08	240.44
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	35	210.46	242.03
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	36	211.83	243.60
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	37	213.21	245.19
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	38	214.59	246.78
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	39	217.34	249.94
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	40	220.10	253.12
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	41	224.24	257.88
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	42	228.20	262.43

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	43	233.71	268.77
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	44	240.60	276.69
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	45	248.69	285.99
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	46	258.34	297.09
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	47	269.19	309.57
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	48	281.59	323.83
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	49	293.81	337.88
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	50	307.60	353.74
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	51	321.20	369.38
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	52	336.18	386.61
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	53	351.33	404.03
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	54	367.70	422.86
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	55	384.05	441.66
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	56	401.79	462.06
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	57	419.70	482.66
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	58	438.83	504.65
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	59	448.30	515.55
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	60	467.41	537.52
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	61	483.95	556.54
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	62	494.80	569.02
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	63	508.40	584.66
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	64	516.50	593.98
14002TN0370012	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	516.50	593.98

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	120.08	120.08
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	21	189.11	217.48
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	22	189.11	217.48
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	23	189.11	217.48
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	24	189.11	217.48
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	25	189.87	218.35
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	26	193.64	222.69
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	27	198.18	227.91
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	28	205.56	236.39
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	29	211.61	243.35
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	30	214.64	246.84
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	31	219.17	252.05
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	32	223.72	257.28
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	33	226.54	260.52
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	34	229.57	264.01
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	35	231.09	265.75
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	36	232.60	267.49
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	37	234.12	269.24
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	38	235.62	270.96
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	39	238.65	274.45
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	40	241.68	277.93
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	41	246.22	283.15
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	42	250.57	288.16

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	43	256.62	295.11
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	44	264.18	303.81
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	45	273.07	314.03
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	46	283.66	326.21
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	47	295.58	339.92
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	48	309.19	355.57
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	49	322.62	371.01
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	50	337.75	388.41
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	51	352.68	405.58
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	52	369.13	424.50
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	53	385.77	443.64
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	54	403.74	464.30
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	55	421.70	484.96
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	56	441.18	507.36
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	57	460.85	529.98
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	58	481.84	554.12
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	59	492.24	566.08
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	60	513.23	590.21
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	61	531.39	611.10
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	62	543.30	624.80
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	63	558.24	641.98
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	64	567.13	652.20
14002TN0370012	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	567.13	652.20

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	121.99	121.99
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	21	192.11	220.93
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	22	192.11	220.93
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	23	192.11	220.93
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	24	192.11	220.93
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	25	192.87	221.80
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	26	196.72	226.23
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	27	201.32	231.52
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	28	208.82	240.14
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	29	214.97	247.22
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	30	218.04	250.75
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	31	222.65	256.05
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	32	227.26	261.35
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	33	230.14	264.66
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	34	233.21	268.19
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	35	234.76	269.97
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	36	236.29	271.73
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	37	237.83	273.50
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	38	239.36	275.26
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	39	242.44	278.81
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	40	245.51	282.34
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	41	250.12	287.64
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	42	254.54	292.72

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	43	260.69	299.79
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	44	268.38	308.64
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	45	277.40	319.01
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	46	288.16	331.38
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	47	300.27	345.31
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	48	314.10	361.22
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	49	327.73	376.89
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	50	343.10	394.57
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	51	358.28	412.02
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	52	374.99	431.24
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	53	391.90	450.69
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	54	410.14	471.66
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	55	428.39	492.65
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	56	448.18	515.41
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	57	468.16	538.38
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	58	489.49	562.91
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	59	500.05	575.06
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	60	521.38	599.59
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	61	539.81	620.78
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	62	551.91	634.70
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	63	567.10	652.17
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	64	576.13	662.55
14002TN0370015	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	576.13	662.55

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	124.66	124.66
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	21	196.30	225.75
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	22	196.30	225.75
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	23	196.30	225.75
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	24	196.30	225.75
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	25	197.09	226.65
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	26	201.02	231.17
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	27	205.72	236.58
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	28	213.38	245.39
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	29	219.66	252.61
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	30	222.80	256.22
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	31	227.52	261.65
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	32	232.22	267.05
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	33	235.17	270.45
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	34	238.31	274.06
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	35	239.89	275.87
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	36	241.45	277.67
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	37	243.02	279.47
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	38	244.59	281.28
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	39	247.74	284.90
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	40	250.88	288.51
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	41	255.58	293.92
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	42	260.11	299.13

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	43	266.39	306.35
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	44	274.24	315.38
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	45	283.47	325.99
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	46	294.46	338.63
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	47	306.83	352.85
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	48	320.96	369.10
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	49	334.89	385.12
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	50	350.60	403.19
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	51	366.11	421.03
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	52	383.19	440.67
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	53	400.46	460.53
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	54	419.11	481.98
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	55	437.75	503.41
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	56	457.97	526.67
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	57	478.39	550.15
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	58	500.18	575.21
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	59	510.98	587.63
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	60	532.77	612.69
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	61	551.61	634.35
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	62	563.98	648.58
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	63	579.49	666.41
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	64	588.72	677.03
14002TN0370015	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	588.72	677.03

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	131.35	131.35
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	21	206.85	237.88
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	22	206.85	237.88
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	23	206.85	237.88
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	24	206.85	237.88
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	25	207.67	238.82
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	26	211.82	243.59
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	27	216.77	249.29
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	28	224.85	258.58
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	29	231.46	266.18
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	30	234.77	269.99
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	31	239.74	275.70
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	32	244.70	281.41
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	33	247.80	284.97
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	34	251.11	288.78
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	35	252.77	290.69
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	36	254.42	292.58
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	37	256.08	294.49
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	38	257.73	296.39
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	39	261.05	300.21
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	40	264.36	304.01
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	41	269.31	309.71
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	42	274.08	315.19

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	43	280.70	322.81
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	44	288.97	332.32
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	45	298.69	343.49
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	46	310.28	356.82
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	47	323.31	371.81
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	48	338.20	388.93
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	49	352.88	405.81
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	50	369.43	424.84
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	51	385.77	443.64
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	52	403.77	464.34
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	53	421.97	485.27
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	54	441.62	507.86
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	55	461.27	530.46
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	56	482.58	554.97
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	57	504.09	579.70
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	58	527.05	606.11
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	59	538.42	619.18
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	60	561.39	645.60
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	61	581.24	668.43
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	62	594.27	683.41
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	63	610.62	702.21
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	64	620.34	713.39
14002TN0370015	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	620.34	713.39

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	133.95	133.95
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	21	210.94	242.58
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	22	210.94	242.58
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	23	210.94	242.58
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	24	210.94	242.58
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	25	211.78	243.55
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	26	216.00	248.40
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	27	221.06	254.22
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	28	229.29	263.68
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	29	236.04	271.45
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	30	239.41	275.32
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	31	244.48	281.15
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	32	249.53	286.96
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	33	252.70	290.61
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	34	256.07	294.48
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	35	257.77	296.44
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	36	259.45	298.37
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	37	261.14	300.31
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	38	262.82	302.24
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	39	266.21	306.14
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	40	269.58	310.02
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	41	274.63	315.82
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	42	279.49	321.41

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	43	286.24	329.18
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	44	294.68	338.88
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	45	304.60	350.29
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	46	316.41	363.87
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	47	329.70	379.16
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	48	344.88	396.61
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	49	359.85	413.83
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	50	376.73	433.24
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	51	393.40	452.41
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	52	411.75	473.51
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	53	430.31	494.86
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	54	450.35	517.90
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	55	470.38	540.94
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	56	492.11	565.93
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	57	514.05	591.16
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	58	537.47	618.09
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	59	549.06	631.42
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	60	572.48	658.35
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	61	592.72	681.63
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	62	606.01	696.91
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	63	622.69	716.09
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	64	632.60	727.49
14002TN0370015	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	632.60	727.49

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	138.23	138.23
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	21	217.67	250.32
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	22	217.67	250.32
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	23	217.67	250.32
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	24	217.67	250.32
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	25	218.54	251.32
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	26	222.90	256.34
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	27	228.12	262.34
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	28	236.61	272.10
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	29	243.58	280.12
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	30	247.06	284.12
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	31	252.29	290.13
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	32	257.50	296.13
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	33	260.77	299.89
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	34	264.25	303.89
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	35	266.00	305.90
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	36	267.73	307.89
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	37	269.48	309.90
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	38	271.22	311.90
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	39	274.71	315.92
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	40	278.19	319.92
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	41	283.41	325.92
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	42	288.42	331.68

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	43	295.38	339.69
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	44	304.09	349.70
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	45	314.32	361.47
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	46	326.52	375.50
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	47	340.23	391.26
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	48	355.90	409.29
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	49	371.35	427.05
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	50	388.77	447.09
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	51	405.96	466.85
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	52	424.90	488.64
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	53	444.06	510.67
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	54	464.73	534.44
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	55	485.41	558.22
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	56	507.83	584.00
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	57	530.47	610.04
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	58	554.63	637.82
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	59	566.60	651.59
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	60	590.77	679.39
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	61	611.66	703.41
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	62	625.37	719.18
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	63	642.58	738.97
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	64	652.81	750.73
14002TN0370015	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	652.81	750.73

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	140.91	140.91
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	21	221.90	255.19
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	22	221.90	255.19
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	23	221.90	255.19
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	24	221.90	255.19
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	25	222.79	256.21
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	26	227.23	261.31
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	27	232.55	267.43
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	28	241.21	277.39
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	29	248.31	285.56
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	30	251.86	289.64
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	31	257.19	295.77
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	32	262.51	301.89
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	33	265.84	305.72
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	34	269.39	309.80
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	35	271.17	311.85
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	36	272.94	313.88
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	37	274.72	315.93
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	38	276.49	317.96
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	39	280.05	322.06
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	40	283.60	326.14
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	41	288.91	332.25
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	42	294.03	338.13

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	43	301.12	346.29
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	44	310.00	356.50
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	45	320.43	368.49
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	46	332.86	382.79
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	47	346.84	398.87
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	48	362.82	417.24
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	49	378.57	435.36
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	50	396.32	455.77
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	51	413.85	475.93
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	52	433.16	498.13
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	53	452.69	520.59
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	54	473.76	544.82
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	55	494.84	569.07
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	56	517.70	595.36
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	57	540.77	621.89
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	58	565.41	650.22
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	59	577.61	664.25
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	60	602.25	692.59
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	61	623.54	717.07
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	62	637.52	733.15
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	63	655.06	753.32
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	64	665.49	765.31
14002TN0370015	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	665.49	765.31

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	123.79	123.79
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	21	194.94	224.18
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	22	194.94	224.18
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	23	194.94	224.18
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	24	194.94	224.18
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	25	195.72	225.08
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	26	199.63	229.57
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	27	204.30	234.95
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	28	211.91	243.70
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	29	218.14	250.86
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	30	221.26	254.45
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	31	225.94	259.83
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	32	230.61	265.20
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	33	233.54	268.57
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	34	236.66	272.16
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	35	238.22	273.95
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	36	239.78	275.75
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	37	241.34	277.54
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	38	242.89	279.32
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	39	246.02	282.92
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	40	249.14	286.51
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	41	253.81	291.88
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	42	258.30	297.05

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	43	264.54	304.22
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	44	272.34	313.19
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	45	281.50	323.73
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	46	292.42	336.28
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	47	304.70	350.41
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	48	318.74	366.55
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	49	332.57	382.46
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	50	348.17	400.40
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	51	363.57	418.11
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	52	380.53	437.61
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	53	397.69	457.34
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	54	416.20	478.63
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	55	434.72	499.93
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	56	454.80	523.02
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	57	475.07	546.33
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	58	496.72	571.23
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	59	507.43	583.54
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	60	529.08	608.44
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	61	547.79	629.96
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	62	560.07	644.08
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	63	575.48	661.80
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	64	584.64	672.34
14002TN0370015	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	584.64	672.34

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	135.93	135.93
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	21	214.05	246.16
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	22	214.05	246.16
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	23	214.05	246.16
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	24	214.05	246.16
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	25	214.91	247.15
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	26	219.19	252.07
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	27	224.32	257.97
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	28	232.68	267.58
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	29	239.53	275.46
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	30	242.95	279.39
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	31	248.09	285.30
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	32	253.22	291.20
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	33	256.43	294.89
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	34	259.86	298.84
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	35	261.57	300.81
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	36	263.28	302.77
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	37	265.00	304.75
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	38	266.70	306.71
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	39	270.14	310.66
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	40	273.56	314.59
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	41	278.69	320.49
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	42	283.62	326.16

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	43	290.47	334.04
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	44	299.04	343.90
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	45	309.10	355.47
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	46	321.08	369.24
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	47	334.57	384.76
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	48	349.98	402.48
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	49	365.17	419.95
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	50	382.30	439.65
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	51	399.21	459.09
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	52	417.83	480.50
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	53	436.67	502.17
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	54	457.00	525.55
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	55	477.33	548.93
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	56	499.38	574.29
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	57	521.64	599.89
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	58	545.41	627.22
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	59	557.17	640.75
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	60	580.94	668.08
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	61	601.48	691.70
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	62	614.97	707.22
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	63	631.89	726.67
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	64	641.95	738.24
14002TN0370015	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	641.95	738.24

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	121.77	121.77
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	21	191.76	220.52
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	22	191.76	220.52
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	23	191.76	220.52
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	24	191.76	220.52
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	25	192.53	221.41
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	26	196.36	225.81
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	27	200.97	231.12
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	28	208.44	239.71
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	29	214.58	246.77
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	30	217.65	250.30
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	31	222.24	255.58
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	32	226.85	260.88
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	33	229.73	264.19
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	34	232.79	267.71
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	35	234.33	269.48
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	36	235.87	271.25
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	37	237.40	273.01
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	38	238.93	274.77
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	39	242.00	278.30
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	40	245.07	281.83
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	41	249.67	287.12
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	42	254.08	292.19

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	43	260.22	299.25
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	44	267.89	308.07
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	45	276.90	318.44
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	46	287.64	330.79
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	47	299.72	344.68
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	48	313.53	360.56
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	49	327.14	376.21
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	50	342.48	393.85
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	51	357.63	411.27
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	52	374.31	430.46
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	53	391.18	449.86
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	54	409.41	470.82
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	55	427.63	491.77
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	56	447.37	514.48
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	57	467.32	537.42
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	58	488.61	561.90
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	59	499.15	574.02
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	60	520.43	598.49
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	61	538.85	619.68
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	62	550.93	633.57
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	63	566.07	650.98
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	64	575.09	661.35
14002TN0370016	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	575.09	661.35

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	124.43	124.43
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	21	195.95	225.34
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	22	195.95	225.34
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	23	195.95	225.34
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	24	195.95	225.34
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	25	196.73	226.24
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	26	200.65	230.75
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	27	205.36	236.16
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	28	213.00	244.95
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	29	219.27	252.16
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	30	222.41	255.77
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	31	227.10	261.17
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	32	231.81	266.58
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	33	234.75	269.96
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	34	237.88	273.56
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	35	239.45	275.37
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	36	241.02	277.17
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	37	242.59	278.98
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	38	244.15	280.77
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	39	247.29	284.38
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	40	250.43	287.99
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	41	255.12	293.39
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	42	259.63	298.57

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	43	265.90	305.79
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	44	273.75	314.81
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	45	282.95	325.39
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	46	293.93	338.02
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	47	306.27	352.21
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	48	320.38	368.44
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	49	334.29	384.43
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	50	349.97	402.47
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	51	365.44	420.26
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	52	382.49	439.86
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	53	399.73	459.69
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	54	418.36	481.11
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	55	436.97	502.52
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	56	457.15	525.72
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	57	477.53	549.16
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	58	499.28	574.17
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	59	510.05	586.56
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	60	531.81	611.58
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	61	550.62	633.21
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	62	562.97	647.42
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	63	578.44	665.21
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	64	587.66	675.81
14002TN0370016	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	587.66	675.81

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	131.12	131.12
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	21	206.48	237.45
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	22	206.48	237.45
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	23	206.48	237.45
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	24	206.48	237.45
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	25	207.30	238.40
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	26	211.43	243.14
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	27	216.39	248.85
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	28	224.44	258.11
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	29	231.05	265.71
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	30	234.35	269.50
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	31	239.30	275.20
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	32	244.26	280.90
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	33	247.36	284.46
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	34	250.66	288.26
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	35	252.31	290.16
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	36	253.97	292.07
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	37	255.62	293.96
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	38	257.27	295.86
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	39	260.57	299.66
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	40	263.88	303.46
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	41	268.83	309.15
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	42	273.58	314.62

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	43	280.19	322.22
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	44	288.45	331.72
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	45	298.15	342.87
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	46	309.71	356.17
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	47	322.72	371.13
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	48	337.59	388.23
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	49	352.25	405.09
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	50	368.77	424.09
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	51	385.07	442.83
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	52	403.04	463.50
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	53	421.21	484.39
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	54	440.83	506.95
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	55	460.44	529.51
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	56	481.71	553.97
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	57	503.18	578.66
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	58	526.10	605.02
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	59	537.45	618.07
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	60	560.37	644.43
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	61	580.20	667.23
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	62	593.21	682.19
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	63	609.51	700.94
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	64	619.23	712.11
14002TN0370016	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	619.23	712.11

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	133.71	133.71
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	21	210.56	242.14
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	22	210.56	242.14
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	23	210.56	242.14
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	24	210.56	242.14
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	25	211.40	243.11
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	26	215.61	247.95
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	27	220.67	253.77
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	28	228.88	263.21
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	29	235.61	270.95
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	30	238.99	274.84
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	31	244.03	280.63
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	32	249.08	286.44
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	33	252.25	290.09
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	34	255.61	293.95
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	35	257.29	295.88
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	36	258.99	297.84
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	37	260.67	299.77
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	38	262.35	301.70
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	39	265.72	305.58
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	40	269.10	309.47
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	41	274.14	315.26
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	42	278.99	320.84

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	43	285.72	328.58
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	44	294.15	338.27
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	45	304.04	349.65
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	46	315.83	363.20
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	47	329.10	378.47
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	48	344.26	395.90
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	49	359.21	413.09
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	50	376.05	432.46
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	51	392.68	451.58
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	52	411.00	472.65
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	53	429.53	493.96
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	54	449.54	516.97
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	55	469.54	539.97
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	56	491.22	564.90
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	57	513.12	590.09
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	58	536.50	616.98
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	59	548.07	630.28
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	60	571.45	657.17
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	61	591.67	680.42
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	62	604.93	695.67
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	63	621.56	714.79
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	64	631.46	726.18
14002TN0370016	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	631.46	726.18

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	137.98	137.98
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	21	217.28	249.87
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	22	217.28	249.87
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	23	217.28	249.87
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	24	217.28	249.87
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	25	218.15	250.87
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	26	222.50	255.88
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	27	227.71	261.87
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	28	236.19	271.62
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	29	243.14	279.61
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	30	246.62	283.61
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	31	251.82	289.59
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	32	257.04	295.60
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	33	260.31	299.36
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	34	263.78	303.35
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	35	265.51	305.34
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	36	267.26	307.35
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	37	268.99	309.34
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	38	270.73	311.34
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	39	274.21	315.34
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	40	277.69	319.34
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	41	282.90	325.34
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	42	287.90	331.09

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	43	294.85	339.08
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	44	303.55	349.08
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	45	313.75	360.81
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	46	325.92	374.81
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	47	339.61	390.55
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	48	355.26	408.55
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	49	370.68	426.28
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	50	388.07	446.28
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	51	405.22	466.00
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	52	424.13	487.75
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	53	443.25	509.74
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	54	463.90	533.49
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	55	484.54	557.22
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	56	506.91	582.95
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	57	529.51	608.94
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	58	553.64	636.69
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	59	565.58	650.42
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	60	589.70	678.16
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	61	610.56	702.14
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	62	624.25	717.89
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	63	641.41	737.62
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	64	651.63	749.37
14002TN0370016	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	651.63	749.37

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	140.66	140.66
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	21	221.50	254.73
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	22	221.50	254.73
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	23	221.50	254.73
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	24	221.50	254.73
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	25	222.39	255.75
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	26	226.82	260.84
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	27	232.14	266.96
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	28	240.78	276.90
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	29	247.86	285.04
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	30	251.41	289.12
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	31	256.72	295.23
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	32	262.04	301.35
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	33	265.37	305.18
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	34	268.90	309.24
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	35	270.67	311.27
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	36	272.45	313.32
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	37	274.22	315.35
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	38	275.99	317.39
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	39	279.54	321.47
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	40	283.09	325.55
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	41	288.39	331.65
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	42	293.49	337.51

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	43	300.58	345.67
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	44	309.45	355.87
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	45	319.85	367.83
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	46	332.26	382.10
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	47	346.21	398.14
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	48	362.16	416.48
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	49	377.89	434.57
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	50	395.61	454.95
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	51	413.10	475.07
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	52	432.37	497.23
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	53	451.86	519.64
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	54	472.92	543.86
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	55	493.96	568.05
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	56	516.77	594.29
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	57	539.81	620.78
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	58	564.40	649.06
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	59	576.57	663.06
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	60	601.16	691.33
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	61	622.43	715.79
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	62	636.38	731.84
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	63	653.88	751.96
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	64	664.29	763.93
14002TN0370016	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	664.29	763.93

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	123.57	123.57
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	21	194.59	223.78
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	22	194.59	223.78
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	23	194.59	223.78
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	24	194.59	223.78
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	25	195.37	224.68
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	26	199.26	229.15
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	27	203.94	234.53
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	28	211.52	243.25
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	29	217.75	250.41
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	30	220.87	254.00
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	31	225.53	259.36
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	32	230.20	264.73
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	33	233.13	268.10
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	34	236.23	271.66
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	35	237.79	273.46
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	36	239.35	275.25
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	37	240.90	277.04
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	38	242.46	278.83
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	39	245.58	282.42
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	40	248.69	285.99
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	41	253.35	291.35
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	42	257.84	296.52

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	43	264.06	303.67
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	44	271.85	312.63
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	45	280.99	323.14
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	46	291.89	335.67
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	47	304.15	349.77
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	48	318.16	365.88
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	49	331.98	381.78
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	50	347.54	399.67
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	51	362.91	417.35
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	52	379.84	436.82
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	53	396.96	456.50
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	54	415.46	477.78
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	55	433.94	499.03
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	56	453.98	522.08
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	57	474.22	545.35
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	58	495.82	570.19
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	59	506.52	582.50
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	60	528.12	607.34
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	61	546.81	628.83
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	62	559.07	642.93
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	63	574.43	660.59
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	64	583.58	671.12
14002TN0370016	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	583.58	671.12

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	135.68	135.68
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	21	213.67	245.72
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	22	213.67	245.72
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	23	213.67	245.72
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	24	213.67	245.72
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	25	214.52	246.70
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	26	218.80	251.62
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	27	223.93	257.52
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	28	232.26	267.10
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	29	239.09	274.95
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	30	242.52	278.90
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	31	247.63	284.77
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	32	252.76	290.67
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	33	255.98	294.38
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	34	259.39	298.30
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	35	261.10	300.27
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	36	262.81	302.23
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	37	264.52	304.20
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	38	266.22	306.15
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	39	269.65	310.10
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	40	273.07	314.03
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	41	278.19	319.92
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	42	283.11	325.58

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	43	289.94	333.43
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	44	298.50	343.28
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	45	308.54	354.82
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	46	320.50	368.58
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	47	333.96	384.05
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	48	349.35	401.75
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	49	364.52	419.20
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	50	381.61	438.85
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	51	398.48	458.25
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	52	417.07	479.63
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	53	435.88	501.26
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	54	456.18	524.61
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	55	476.48	547.95
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	56	498.48	573.25
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	57	520.71	598.82
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	58	544.43	626.09
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	59	556.17	639.60
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	60	579.89	666.87
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	61	600.41	690.47
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	62	613.87	705.95
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	63	630.74	725.35
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	64	640.79	736.91
14002TN0370016	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	640.79	736.91

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	112.19	112.19
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	21	176.67	203.17
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	22	176.67	203.17
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	23	176.67	203.17
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	24	176.67	203.17
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	25	177.37	203.98
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	26	180.91	208.05
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	27	185.15	212.92
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	28	192.04	220.85
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	29	197.70	227.36
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	30	200.52	230.60
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	31	204.76	235.47
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	32	209.00	240.35
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	33	211.65	243.40
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	34	214.47	246.64
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	35	215.89	248.27
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	36	217.31	249.91
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	37	218.72	251.53
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	38	220.13	253.15
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	39	222.96	256.40
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	40	225.78	259.65
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	41	230.03	264.53
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	42	234.08	269.19

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	43	239.74	275.70
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	44	246.80	283.82
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	45	255.11	293.38
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	46	265.01	304.76
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	47	276.14	317.56
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	48	288.86	332.19
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	49	301.40	346.61
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	50	315.53	362.86
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	51	329.49	378.91
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	52	344.85	396.58
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	53	360.41	414.47
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	54	377.19	433.77
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	55	393.97	453.07
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	56	412.17	474.00
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	57	430.54	495.12
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	58	450.15	517.67
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	59	459.87	528.85
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	60	479.48	551.40
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	61	496.44	570.91
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	62	507.57	583.71
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	63	521.52	599.75
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	64	529.83	609.30
14002TN0370017	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	529.83	609.30

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	114.64	114.64
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	21	180.53	207.61
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	22	180.53	207.61
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	23	180.53	207.61
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	24	180.53	207.61
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	25	181.25	208.44
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	26	184.86	212.59
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	27	189.20	217.58
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	28	196.24	225.68
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	29	202.02	232.32
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	30	204.90	235.64
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	31	209.24	240.63
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	32	213.57	245.61
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	33	216.28	248.72
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	34	219.16	252.03
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	35	220.61	253.70
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	36	222.05	255.36
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	37	223.50	257.03
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	38	224.94	258.68
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	39	227.83	262.00
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	40	230.71	265.32
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	41	235.05	270.31
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	42	239.20	275.08

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	43	244.98	281.73
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	44	252.20	290.03
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	45	260.68	299.78
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	46	270.80	311.42
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	47	282.17	324.50
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	48	295.17	339.45
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	49	307.98	354.18
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	50	322.43	370.79
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	51	336.69	387.19
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	52	352.39	405.25
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	53	368.28	423.52
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	54	385.43	443.24
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	55	402.58	462.97
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	56	421.18	484.36
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	57	439.95	505.94
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	58	459.99	528.99
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	59	469.92	540.41
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	60	489.96	563.45
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	61	507.29	583.38
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	62	518.66	596.46
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	63	532.92	612.86
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	64	541.41	622.62
14002TN0370017	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	541.41	622.62

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	120.80	120.80
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	21	190.23	218.76
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	22	190.23	218.76
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	23	190.23	218.76
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	24	190.23	218.76
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	25	190.98	219.63
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	26	194.79	224.01
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	27	199.36	229.26
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	28	206.78	237.80
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	29	212.87	244.80
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	30	215.90	248.29
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	31	220.48	253.55
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	32	225.04	258.80
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	33	227.90	262.09
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	34	230.93	265.57
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	35	232.46	267.33
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	36	233.98	269.08
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	37	235.51	270.84
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	38	237.02	272.57
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	39	240.07	276.08
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	40	243.11	279.58
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	41	247.68	284.83
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	42	252.05	289.86

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	43	258.13	296.85
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	44	265.75	305.61
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	45	274.69	315.89
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	46	285.35	328.15
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	47	297.33	341.93
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	48	311.02	357.67
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	49	324.53	373.21
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	50	339.75	390.71
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	51	354.78	408.00
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	52	371.32	427.02
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	53	388.07	446.28
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	54	406.13	467.05
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	55	424.21	487.84
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	56	443.80	510.37
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	57	463.58	533.12
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	58	484.70	557.41
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	59	495.17	569.45
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	60	516.28	593.72
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	61	534.54	614.72
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	62	546.52	628.50
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	63	561.55	645.78
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	64	570.49	656.06
14002TN0370017	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	570.49	656.06

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	123.18	123.18
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	21	193.99	223.09
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	22	193.99	223.09
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	23	193.99	223.09
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	24	193.99	223.09
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	25	194.76	223.97
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	26	198.64	228.44
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	27	203.30	233.80
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	28	210.87	242.50
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	29	217.07	249.63
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	30	220.17	253.20
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	31	224.83	258.55
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	32	229.49	263.91
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	33	232.40	267.26
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	34	235.50	270.83
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	35	237.05	272.61
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	36	238.61	274.40
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	37	240.16	276.18
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	38	241.70	277.96
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	39	244.81	281.53
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	40	247.91	285.10
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	41	252.57	290.46
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	42	257.03	295.58

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	43	263.23	302.71
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	44	271.00	311.65
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	45	280.12	322.14
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	46	290.98	334.63
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	47	303.20	348.68
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	48	317.17	364.75
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	49	330.94	380.58
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	50	346.46	398.43
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	51	361.79	416.06
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	52	378.66	435.46
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	53	395.73	455.09
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	54	414.16	476.28
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	55	432.59	497.48
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	56	452.57	520.46
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	57	472.74	543.65
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	58	494.27	568.41
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	59	504.95	580.69
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	60	526.48	605.45
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	61	545.10	626.87
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	62	557.32	640.92
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	63	572.64	658.54
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	64	581.76	669.02
14002TN0370017	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	581.76	669.02

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	127.12	127.12
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	21	200.18	230.21
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	22	200.18	230.21
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	23	200.18	230.21
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	24	200.18	230.21
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	25	200.98	231.13
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	26	204.98	235.73
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	27	209.80	241.27
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	28	217.60	250.24
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	29	224.01	257.61
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	30	227.20	261.28
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	31	232.02	266.82
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	32	236.82	272.34
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	33	239.82	275.79
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	34	243.02	279.47
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	35	244.62	281.31
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	36	246.23	283.16
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	37	247.83	285.00
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	38	249.42	286.83
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	39	252.63	290.52
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	40	255.83	294.20
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	41	260.64	299.74
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	42	265.24	305.03

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	43	271.64	312.39
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	44	279.65	321.60
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	45	289.06	332.42
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	46	300.28	345.32
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	47	312.89	359.82
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	48	327.30	376.40
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	49	341.51	392.74
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	50	357.53	411.16
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	51	373.34	429.34
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	52	390.75	449.36
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	53	408.37	469.63
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	54	427.39	491.50
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	55	446.41	513.37
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	56	467.03	537.08
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	57	487.84	561.02
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	58	510.06	586.57
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	59	521.08	599.24
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	60	543.30	624.80
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	61	562.51	646.89
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	62	575.12	661.39
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	63	590.93	679.57
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	64	600.35	690.40
14002TN0370017	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	600.35	690.40

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	129.59	129.59
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	21	204.07	234.68
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	22	204.07	234.68
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	23	204.07	234.68
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	24	204.07	234.68
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	25	204.88	235.61
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	26	208.97	240.32
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	27	213.87	245.95
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	28	221.83	255.10
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	29	228.36	262.61
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	30	231.62	266.36
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	31	236.52	272.00
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	32	241.42	277.63
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	33	244.48	281.15
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	34	247.74	284.90
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	35	249.38	286.79
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	36	251.01	288.66
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	37	252.65	290.55
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	38	254.27	292.41
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	39	257.54	296.17
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	40	260.80	299.92
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	41	265.71	305.57
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	42	270.39	310.95

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	43	276.92	318.46
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	44	285.09	327.85
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	45	294.68	338.88
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	46	306.12	352.04
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	47	318.97	366.82
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	48	333.66	383.71
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	49	348.15	400.37
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	50	364.48	419.15
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	51	380.60	437.69
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	52	398.35	458.10
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	53	416.31	478.76
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	54	435.69	501.04
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	55	455.08	523.34
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	56	476.10	547.52
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	57	497.32	571.92
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	58	519.98	597.98
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	59	531.20	610.88
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	60	553.86	636.94
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	61	573.44	659.46
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	62	586.30	674.25
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	63	602.42	692.78
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	64	612.01	703.81
14002TN0370017	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	612.01	703.81

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	113.84	113.84
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	21	179.28	206.17
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	22	179.28	206.17
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	23	179.28	206.17
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	24	179.28	206.17
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	25	179.99	206.99
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	26	183.58	211.12
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	27	187.89	216.07
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	28	194.88	224.11
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	29	200.62	230.71
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	30	203.48	234.00
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	31	207.79	238.96
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	32	212.09	243.90
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	33	214.78	247.00
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	34	217.64	250.29
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	35	219.08	251.94
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	36	220.52	253.60
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	37	221.95	255.24
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	38	223.38	256.89
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	39	226.25	260.19
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	40	229.11	263.48
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	41	233.42	268.43
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	42	237.54	273.17

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	43	243.28	279.77
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	44	250.45	288.02
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	45	258.88	297.71
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	46	268.92	309.26
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	47	280.21	322.24
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	48	293.12	337.09
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	49	305.85	351.73
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	50	320.19	368.22
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	51	334.36	384.51
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	52	349.95	402.44
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	53	365.73	420.59
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	54	382.76	440.17
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	55	399.79	459.76
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	56	418.26	481.00
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	57	436.90	502.44
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	58	456.80	525.32
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	59	466.67	536.67
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	60	486.57	559.56
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	61	503.77	579.34
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	62	515.06	592.32
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	63	529.23	608.61
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	64	537.66	618.31
14002TN0370017	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	537.66	618.31

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	125.00	125.00
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	21	196.85	226.38
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	22	196.85	226.38
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	23	196.85	226.38
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	24	196.85	226.38
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	25	197.64	227.29
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	26	201.57	231.81
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	27	206.31	237.26
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	28	213.98	246.08
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	29	220.28	253.32
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	30	223.42	256.93
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	31	228.16	262.38
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	32	232.88	267.81
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	33	235.83	271.20
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	34	238.98	274.83
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	35	240.55	276.63
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	36	242.13	278.45
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	37	243.71	280.27
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	38	245.27	282.06
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	39	248.43	285.69
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	40	251.57	289.31
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	41	256.30	294.75
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	42	260.83	299.95

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	43	267.12	307.19
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	44	275.00	316.25
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	45	284.25	326.89
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	46	295.28	339.57
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	47	307.68	353.83
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	48	321.86	370.14
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	49	335.83	386.20
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	50	351.58	404.32
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	51	367.13	422.20
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	52	384.25	441.89
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	53	401.58	461.82
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	54	420.28	483.32
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	55	438.98	504.83
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	56	459.26	528.15
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	57	479.73	551.69
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	58	501.58	576.82
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	59	512.41	589.27
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	60	534.26	614.40
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	61	553.16	636.13
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	62	565.55	650.38
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	63	581.10	668.27
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	64	590.36	678.91
14002TN0370017	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	590.36	678.91

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	131.00	131.00
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	21	206.30	237.25
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	22	206.30	237.25
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	23	206.30	237.25
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	24	206.30	237.25
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	25	207.13	238.20
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	26	211.25	242.94
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	27	216.20	248.63
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	28	224.26	257.90
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	29	230.85	265.48
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	30	234.16	269.28
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	31	239.11	274.98
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	32	244.06	280.67
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	33	247.15	284.22
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	34	250.45	288.02
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	35	252.10	289.92
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	36	253.76	291.82
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	37	255.40	293.71
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	38	257.06	295.62
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	39	260.35	299.40
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	40	263.66	303.21
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	41	268.61	308.90
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	42	273.36	314.36

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	43	279.95	321.94
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	44	288.21	331.44
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	45	297.91	342.60
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	46	309.46	355.88
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	47	322.46	370.83
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	48	337.30	387.90
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	49	351.95	404.74
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	50	368.46	423.73
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	51	384.76	442.47
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	52	402.71	463.12
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	53	420.86	483.99
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	54	440.46	506.53
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	55	460.06	529.07
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	56	481.31	553.51
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	57	502.76	578.17
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	58	525.67	604.52
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	59	537.01	617.56
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	60	559.92	643.91
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	61	579.71	666.67
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	62	592.72	681.63
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	63	609.01	700.36
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	64	618.70	711.51
14002TN0370019	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	618.70	711.51

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	133.86	133.86
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	21	210.81	242.43
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	22	210.81	242.43
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	23	210.81	242.43
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	24	210.81	242.43
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	25	211.66	243.41
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	26	215.87	248.25
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	27	220.93	254.07
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	28	229.16	263.53
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	29	235.90	271.29
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	30	239.27	275.16
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	31	244.33	280.98
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	32	249.39	286.80
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	33	252.55	290.43
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	34	255.93	294.32
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	35	257.61	296.25
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	36	259.30	298.20
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	37	260.98	300.13
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	38	262.68	302.08
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	39	266.04	305.95
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	40	269.42	309.83
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	41	274.48	315.65
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	42	279.33	321.23

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	43	286.07	328.98
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	44	294.50	338.68
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	45	304.42	350.08
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	46	316.23	363.66
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	47	329.50	378.93
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	48	344.68	396.38
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	49	359.65	413.60
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	50	376.51	432.99
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	51	393.16	452.13
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	52	411.51	473.24
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	53	430.06	494.57
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	54	450.09	517.60
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	55	470.12	540.64
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	56	491.83	565.60
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	57	513.75	590.81
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	58	537.15	617.72
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	59	548.75	631.06
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	60	572.15	657.97
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	61	592.38	681.24
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	62	605.67	696.52
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	63	622.32	715.67
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	64	632.23	727.06
14002TN0370019	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	632.23	727.06

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	141.05	141.05
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	21	222.14	255.46
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	22	222.14	255.46
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	23	222.14	255.46
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	24	222.14	255.46
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	25	223.03	256.48
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	26	227.47	261.59
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	27	232.80	267.72
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	28	241.47	277.69
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	29	248.57	285.86
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	30	252.13	289.95
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	31	257.46	296.08
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	32	262.79	302.21
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	33	266.12	306.04
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	34	269.67	310.12
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	35	271.45	312.17
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	36	273.23	314.21
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	37	275.00	316.25
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	38	276.79	318.31
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	39	280.33	322.38
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	40	283.89	326.47
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	41	289.22	332.60
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	42	294.34	338.49

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	43	301.44	346.66
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	44	310.32	356.87
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	45	320.77	368.89
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	46	333.21	383.19
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	47	347.20	399.28
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	48	363.19	417.67
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	49	378.96	435.80
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	50	396.74	456.25
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	51	414.28	476.42
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	52	433.62	498.66
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	53	453.16	521.13
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	54	474.27	545.41
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	55	495.37	569.68
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	56	518.25	595.99
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	57	541.35	622.55
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	58	566.01	650.91
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	59	578.23	664.96
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	60	602.89	693.32
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	61	624.20	717.83
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	62	638.21	733.94
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	63	655.75	754.11
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	64	666.19	766.12
14002TN0370019	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	666.19	766.12

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	143.84	143.84
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	21	226.53	260.51
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	22	226.53	260.51
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	23	226.53	260.51
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	24	226.53	260.51
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	25	227.44	261.56
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	26	231.96	266.75
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	27	237.40	273.01
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	28	246.24	283.18
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	29	253.48	291.50
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	30	257.11	295.68
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	31	262.54	301.92
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	32	267.98	308.18
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	33	271.38	312.09
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	34	275.00	316.25
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	35	276.81	318.33
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	36	278.63	320.42
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	37	280.44	322.51
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	38	282.26	324.60
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	39	285.87	328.75
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	40	289.50	332.93
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	41	294.93	339.17
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	42	300.15	345.17

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	43	307.39	353.50
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	44	316.46	363.93
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	45	327.11	376.18
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	46	339.80	390.77
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	47	354.06	407.17
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	48	370.37	425.93
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	49	386.45	444.42
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	50	404.58	465.27
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	51	422.47	485.84
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	52	442.18	508.51
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	53	462.11	531.43
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	54	483.64	556.19
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	55	505.16	580.93
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	56	528.48	607.75
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	57	552.04	634.85
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	58	577.19	663.77
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	59	589.65	678.10
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	60	614.80	707.02
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	61	636.54	732.02
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	62	650.82	748.44
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	63	668.71	769.02
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	64	679.35	781.25
14002TN0370019	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	679.35	781.25

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	148.43	148.43
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	21	233.76	268.82
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	22	233.76	268.82
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	23	233.76	268.82
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	24	233.76	268.82
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	25	234.70	269.91
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	26	239.37	275.28
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	27	244.98	281.73
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	28	254.10	292.22
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	29	261.58	300.82
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	30	265.32	305.12
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	31	270.93	311.57
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	32	276.54	318.02
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	33	280.04	322.05
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	34	283.79	326.36
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	35	285.65	328.50
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	36	287.53	330.66
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	37	289.40	332.81
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	38	291.27	334.96
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	39	295.00	339.25
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	40	298.75	343.56
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	41	304.36	350.01
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	42	309.74	356.20

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	43	317.21	364.79
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	44	326.56	375.54
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	45	337.55	388.18
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	46	350.65	403.25
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	47	365.37	420.18
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	48	382.20	439.53
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	49	398.80	458.62
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	50	417.50	480.13
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	51	435.96	501.35
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	52	456.31	524.76
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	53	476.88	548.41
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	54	499.08	573.94
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	55	521.29	599.48
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	56	545.37	627.18
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	57	569.68	655.13
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	58	595.63	684.97
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	59	608.48	699.75
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	60	634.44	729.61
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	61	656.87	755.40
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	62	671.60	772.34
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	63	690.07	793.58
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	64	701.05	806.21
14002TN0370019	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	701.05	806.21

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	151.32	151.32
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	21	238.31	274.06
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	22	238.31	274.06
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	23	238.31	274.06
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	24	238.31	274.06
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	25	239.26	275.15
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	26	244.02	280.62
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	27	249.74	287.20
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	28	259.04	297.90
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	29	266.66	306.66
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	30	270.48	311.05
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	31	276.20	317.63
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	32	281.91	324.20
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	33	285.49	328.31
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	34	289.30	332.70
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	35	291.20	334.88
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	36	293.12	337.09
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	37	295.02	339.27
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	38	296.93	341.47
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	39	300.74	345.85
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	40	304.55	350.23
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	41	310.27	356.81
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	42	315.76	363.12

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	43	323.38	371.89
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	44	332.91	382.85
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	45	344.11	395.73
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	46	357.46	411.08
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	47	372.47	428.34
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	48	389.62	448.06
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	49	406.55	467.53
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	50	425.61	489.45
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	51	444.44	511.11
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	52	465.18	534.96
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	53	486.14	559.06
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	54	508.78	585.10
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	55	531.42	611.13
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	56	555.96	639.35
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	57	580.75	667.86
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	58	607.20	698.28
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	59	620.31	713.36
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	60	646.77	743.79
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	61	669.64	770.09
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	62	684.66	787.36
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	63	703.48	809.00
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	64	714.67	821.87
14002TN0370019	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	714.67	821.87

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	132.93	132.93
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	21	209.35	240.75
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	22	209.35	240.75
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	23	209.35	240.75
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	24	209.35	240.75
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	25	210.19	241.72
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	26	214.37	246.53
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	27	219.40	252.31
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	28	227.57	261.71
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	29	234.26	269.40
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	30	237.62	273.26
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	31	242.64	279.04
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	32	247.66	284.81
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	33	250.80	288.42
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	34	254.15	292.27
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	35	255.82	294.19
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	36	257.51	296.14
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	37	259.18	298.06
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	38	260.86	299.99
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	39	264.20	303.83
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	40	267.55	307.68
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	41	272.57	313.46
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	42	277.39	319.00

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	43	284.09	326.70
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	44	292.46	336.33
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	45	302.31	347.66
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	46	314.03	361.13
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	47	327.22	376.30
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	48	342.29	393.63
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	49	357.15	410.72
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	50	373.90	429.99
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	51	390.44	449.01
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	52	408.66	469.96
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	53	427.08	491.14
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	54	446.97	514.02
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	55	466.86	536.89
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	56	488.42	561.68
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	57	510.19	586.72
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	58	533.43	613.44
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	59	544.95	626.69
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	60	568.19	653.42
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	61	588.28	676.52
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	62	601.47	691.69
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	63	618.01	710.71
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	64	627.84	722.02
14002TN0370019	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	627.84	722.02

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	145.97	145.97
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	21	229.87	264.35
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	22	229.87	264.35
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	23	229.87	264.35
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	24	229.87	264.35
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	25	230.80	265.42
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	26	235.39	270.70
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	27	240.90	277.04
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	28	249.88	287.36
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	29	257.23	295.81
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	30	260.91	300.05
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	31	266.42	306.38
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	32	271.94	312.73
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	33	275.39	316.70
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	34	279.07	320.93
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	35	280.90	323.04
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	36	282.75	325.16
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	37	284.58	327.27
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	38	286.43	329.39
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	39	290.10	333.62
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	40	293.78	337.85
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	41	299.29	344.18
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	42	304.59	350.28

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	43	311.94	358.73
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	44	321.13	369.30
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	45	331.94	381.73
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	46	344.82	396.54
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	47	359.29	413.18
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	48	375.84	432.22
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	49	392.16	450.98
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	50	410.55	472.13
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	51	428.71	493.02
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	52	448.72	516.03
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	53	468.94	539.28
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	54	490.78	564.40
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	55	512.62	589.51
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	56	536.29	616.73
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	57	560.20	644.23
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	58	585.72	673.58
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	59	598.36	688.11
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	60	623.88	717.46
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	61	645.94	742.83
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	62	660.43	759.49
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	63	678.59	780.38
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	64	689.39	792.80
14002TN0370019	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	689.39	792.80

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	128.83	128.83
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	21	202.88	233.31
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	22	202.88	233.31
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	23	202.88	233.31
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	24	202.88	233.31
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	25	203.68	234.23
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	26	207.74	238.90
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	27	212.62	244.51
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	28	220.52	253.60
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	29	227.02	261.07
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	30	230.27	264.81
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	31	235.13	270.40
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	32	240.00	276.00
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	33	243.05	279.51
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	34	246.29	283.23
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	35	247.92	285.11
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	36	249.54	286.97
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	37	251.16	288.83
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	38	252.78	290.70
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	39	256.03	294.43
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	40	259.27	298.16
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	41	264.14	303.76
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	42	268.81	309.13

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	43	275.31	316.61
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	44	283.41	325.92
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	45	292.96	336.90
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	46	304.31	349.96
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	47	317.10	364.67
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	48	331.70	381.46
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	49	346.10	398.02
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	50	362.34	416.69
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	51	378.36	435.11
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	52	396.01	455.41
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	53	413.87	475.95
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	54	433.14	498.11
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	55	452.42	520.28
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	56	473.31	544.31
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	57	494.41	568.57
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	58	516.93	594.47
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	59	528.09	607.30
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	60	550.60	633.19
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	61	570.08	655.59
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	62	582.86	670.29
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	63	598.88	688.71
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	64	608.43	699.69
14002TN0370020	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	608.43	699.69

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	131.64	131.64
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	21	207.31	238.41
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	22	207.31	238.41
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	23	207.31	238.41
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	24	207.31	238.41
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	25	208.13	239.35
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	26	212.28	244.12
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	27	217.26	249.85
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	28	225.34	259.14
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	29	231.98	266.78
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	30	235.30	270.60
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	31	240.27	276.31
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	32	245.24	282.03
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	33	248.36	285.61
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	34	251.67	289.42
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	35	253.33	291.33
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	36	254.99	293.24
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	37	256.64	295.14
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	38	258.31	297.06
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	39	261.63	300.87
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	40	264.94	304.68
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	41	269.91	310.40
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	42	274.68	315.88

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	43	281.32	323.52
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	44	289.61	333.05
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	45	299.36	344.26
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	46	310.96	357.60
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	47	324.03	372.63
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	48	338.95	389.79
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	49	353.67	406.72
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	50	370.25	425.79
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	51	386.63	444.62
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	52	404.66	465.36
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	53	422.91	486.35
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	54	442.61	509.00
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	55	462.30	531.65
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	56	483.65	556.20
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	57	505.21	580.99
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	58	528.23	607.46
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	59	539.63	620.57
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	60	562.64	647.04
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	61	582.54	669.92
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	62	595.60	684.94
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	63	611.97	703.77
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	64	621.72	714.98
14002TN0370020	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	621.72	714.98

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	138.72	138.72
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	21	218.45	251.22
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	22	218.45	251.22
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	23	218.45	251.22
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	24	218.45	251.22
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	25	219.31	252.21
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	26	223.68	257.23
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	27	228.93	263.27
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	28	237.45	273.07
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	29	244.44	281.11
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	30	247.94	285.13
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	31	253.18	291.16
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	32	258.42	297.18
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	33	261.70	300.96
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	34	265.19	304.97
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	35	266.94	306.98
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	36	268.69	308.99
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	37	270.43	310.99
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	38	272.18	313.01
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	39	275.68	317.03
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	40	279.17	321.05
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	41	284.41	327.07
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	42	289.43	332.84

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	43	296.44	340.91
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	44	305.16	350.93
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	45	315.44	362.76
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	46	327.67	376.82
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	47	341.43	392.64
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	48	357.16	410.73
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	49	372.66	428.56
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	50	390.14	448.66
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	51	407.40	468.51
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	52	426.40	490.36
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	53	445.63	512.47
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	54	466.38	536.34
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	55	487.14	560.21
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	56	509.63	586.07
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	57	532.35	612.20
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	58	556.60	640.09
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	59	568.62	653.91
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	60	592.86	681.79
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	61	613.83	705.90
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	62	627.59	721.73
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	63	644.85	741.58
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	64	655.12	753.39
14002TN0370020	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	655.12	753.39

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	141.46	141.46
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	21	222.76	256.17
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	22	222.76	256.17
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	23	222.76	256.17
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	24	222.76	256.17
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	25	223.65	257.20
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	26	228.10	262.32
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	27	233.46	268.48
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	28	242.14	278.46
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	29	249.27	286.66
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	30	252.84	290.77
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	31	258.18	296.91
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	32	263.52	303.05
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	33	266.87	306.90
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	34	270.43	310.99
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	35	272.22	313.05
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	36	274.00	315.10
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	37	275.77	317.14
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	38	277.56	319.19
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	39	281.13	323.30
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	40	284.69	327.39
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	41	290.03	333.53
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	42	295.15	339.42

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	43	302.29	347.63
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	44	311.19	357.87
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	45	321.67	369.92
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	46	334.14	384.26
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	47	348.18	400.41
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	48	364.22	418.85
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	49	380.03	437.03
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	50	397.85	457.53
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	51	415.45	477.77
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	52	434.83	500.05
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	53	454.43	522.59
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	54	475.60	546.94
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	55	496.76	571.27
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	56	519.70	597.66
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	57	542.87	624.30
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	58	567.60	652.74
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	59	579.85	666.83
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	60	604.57	695.26
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	61	625.96	719.85
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	62	639.99	735.99
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	63	657.59	756.23
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	64	668.06	768.27
14002TN0370020	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	668.06	768.27

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	145.98	145.98
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	21	229.88	264.36
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	22	229.88	264.36
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	23	229.88	264.36
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	24	229.88	264.36
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	25	230.79	265.41
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	26	235.39	270.70
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	27	240.92	277.06
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	28	249.87	287.35
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	29	257.23	295.81
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	30	260.91	300.05
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	31	266.43	306.39
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	32	271.94	312.73
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	33	275.40	316.71
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	34	279.07	320.93
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	35	280.91	323.05
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	36	282.75	325.16
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	37	284.58	327.27
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	38	286.42	329.38
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	39	290.11	333.63
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	40	293.78	337.85
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	41	299.29	344.18
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	42	304.58	350.27

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	43	311.95	358.74
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	44	321.13	369.30
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	45	331.95	381.74
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	46	344.81	396.53
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	47	359.30	413.20
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	48	375.85	432.23
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	49	392.17	451.00
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	50	410.56	472.14
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	51	428.72	493.03
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	52	448.71	516.02
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	53	468.95	539.29
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	54	490.79	564.41
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	55	512.63	589.52
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	56	536.30	616.75
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	57	560.21	644.24
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	58	585.73	673.59
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	59	598.37	688.13
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	60	623.88	717.46
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	61	645.95	742.84
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	62	660.43	759.49
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	63	678.59	780.38
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	64	689.40	792.81
14002TN0370020	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	689.40	792.81

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	148.81	148.81
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	21	234.34	269.49
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	22	234.34	269.49
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	23	234.34	269.49
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	24	234.34	269.49
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	25	235.28	270.57
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	26	239.96	275.95
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	27	245.60	282.44
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	28	254.73	292.94
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	29	262.23	301.56
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	30	265.98	305.88
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	31	271.60	312.34
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	32	277.23	318.81
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	33	280.75	322.86
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	34	284.49	327.16
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	35	286.37	329.33
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	36	288.25	331.49
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	37	290.11	333.63
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	38	291.99	335.79
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	39	295.75	340.11
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	40	299.49	344.41
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	41	305.11	350.88
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	42	310.50	357.08

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	43	318.01	365.71
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	44	327.37	376.48
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	45	338.40	389.16
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	46	351.52	404.25
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	47	366.28	421.22
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	48	383.16	440.63
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	49	399.79	459.76
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	50	418.54	481.32
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	51	437.05	502.61
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	52	457.43	526.04
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	53	478.06	549.77
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	54	500.33	575.38
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	55	522.59	600.98
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	56	546.72	628.73
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	57	571.09	656.75
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	58	597.11	686.68
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	59	610.00	701.50
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	60	636.01	731.41
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	61	658.50	757.28
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	62	673.27	774.26
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	63	691.78	795.55
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	64	702.80	808.22
14002TN0370020	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	702.80	808.22

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	130.73	130.73
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	21	205.87	236.75
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	22	205.87	236.75
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	23	205.87	236.75
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	24	205.87	236.75
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	25	206.69	237.69
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	26	210.81	242.43
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	27	215.76	248.12
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	28	223.78	257.35
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	29	230.37	264.93
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	30	233.67	268.72
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	31	238.61	274.40
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	32	243.54	280.07
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	33	246.64	283.64
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	34	249.93	287.42
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	35	251.58	289.32
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	36	253.23	291.21
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	37	254.87	293.10
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	38	256.52	295.00
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	39	259.81	298.78
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	40	263.10	302.57
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	41	268.04	308.25
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	42	272.78	313.70

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	43	279.37	321.28
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	44	287.60	330.74
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	45	297.28	341.87
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	46	308.81	355.13
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	47	321.78	370.05
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	48	336.60	387.09
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	49	351.22	403.90
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	50	367.69	422.84
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	51	383.95	441.54
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	52	401.86	462.14
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	53	419.98	482.98
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	54	439.54	505.47
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	55	459.10	527.97
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	56	480.30	552.35
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	57	501.71	576.97
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	58	524.57	603.26
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	59	535.89	616.27
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	60	558.74	642.55
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	61	578.50	665.28
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	62	591.47	680.19
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	63	607.73	698.89
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	64	617.41	710.02
14002TN0370020	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	617.41	710.02

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	143.55	143.55
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	21	226.05	259.96
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	22	226.05	259.96
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	23	226.05	259.96
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	24	226.05	259.96
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	25	226.95	260.99
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	26	231.47	266.19
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	27	236.91	272.45
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	28	245.72	282.58
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	29	252.95	290.89
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	30	256.57	295.06
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	31	262.00	301.30
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	32	267.42	307.53
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	33	270.82	311.44
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	34	274.43	315.59
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	35	276.24	317.68
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	36	278.05	319.76
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	37	279.85	321.83
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	38	281.66	323.91
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	39	285.28	328.07
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	40	288.89	332.22
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	41	294.31	338.46
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	42	299.51	344.44

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	43	306.76	352.77
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	44	315.79	363.16
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	45	326.42	375.38
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	46	339.08	389.94
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	47	353.32	406.32
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	48	369.60	425.04
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	49	385.64	443.49
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	50	403.73	464.29
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	51	421.59	484.83
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	52	441.25	507.44
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	53	461.15	530.32
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	54	482.63	555.02
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	55	504.10	579.72
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	56	527.38	606.49
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	57	550.89	633.52
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	58	575.99	662.39
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	59	588.42	676.68
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	60	613.51	705.54
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	61	635.21	730.49
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	62	649.45	746.87
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	63	667.30	767.40
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	64	677.94	779.63
14002TN0370020	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	677.94	779.63

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	137.92	137.92
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	21	217.20	249.78
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	22	217.20	249.78
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	23	217.20	249.78
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	24	217.20	249.78
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	25	218.07	250.78
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	26	222.41	255.77
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	27	227.62	261.76
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	28	236.10	271.52
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	29	243.05	279.51
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	30	246.52	283.50
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	31	251.73	289.49
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	32	256.94	295.48
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	33	260.21	299.24
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	34	263.68	303.23
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	35	265.42	305.23
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	36	267.16	307.23
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	37	268.89	309.22
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	38	270.63	311.22
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	39	274.11	315.23
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	40	277.58	319.22
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	41	282.79	325.21
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	42	287.79	330.96

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	43	294.74	338.95
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	44	303.43	348.94
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	45	313.64	360.69
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	46	325.80	374.67
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	47	339.49	390.41
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	48	355.12	408.39
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	49	370.55	426.13
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	50	387.92	446.11
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	51	405.08	465.84
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	52	423.98	487.58
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	53	443.08	509.54
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	54	463.72	533.28
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	55	484.36	557.01
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	56	506.73	582.74
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	57	529.32	608.72
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	58	553.42	636.43
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	59	565.37	650.18
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	60	589.48	677.90
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	61	610.34	701.89
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	62	624.02	717.62
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	63	641.18	737.36
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	64	651.38	749.09
14002TN0370022	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	651.38	749.09

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	140.93	140.93
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	21	221.95	255.24
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	22	221.95	255.24
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	23	221.95	255.24
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	24	221.95	255.24
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	25	222.84	256.27
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	26	227.27	261.36
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	27	232.60	267.49
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	28	241.26	277.45
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	29	248.36	285.61
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	30	251.91	289.70
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	31	257.23	295.81
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	32	262.56	301.94
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	33	265.89	305.77
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	34	269.44	309.86
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	35	271.22	311.90
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	36	273.00	313.95
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	37	274.77	315.99
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	38	276.54	318.02
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	39	280.10	322.12
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	40	283.65	326.20
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	41	288.97	332.32
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	42	294.08	338.19

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	43	301.18	346.36
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	44	310.06	356.57
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	45	320.49	368.56
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	46	332.92	382.86
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	47	346.90	398.94
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	48	362.88	417.31
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	49	378.64	435.44
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	50	396.40	455.86
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	51	413.93	476.02
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	52	433.24	498.23
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	53	452.77	520.69
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	54	473.86	544.94
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	55	494.94	569.18
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	56	517.80	595.47
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	57	540.88	622.01
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	58	565.52	650.35
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	59	577.72	664.38
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	60	602.36	692.71
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	61	623.67	717.22
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	62	637.66	733.31
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	63	655.19	753.47
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	64	665.62	765.46
14002TN0370022	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	665.62	765.46

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	148.51	148.51
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	21	233.87	268.95
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	22	233.87	268.95
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	23	233.87	268.95
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	24	233.87	268.95
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	25	234.81	270.03
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	26	239.48	275.40
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	27	245.09	281.85
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	28	254.22	292.35
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	29	261.70	300.96
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	30	265.44	305.26
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	31	271.05	311.71
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	32	276.66	318.16
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	33	280.18	322.21
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	34	283.91	326.50
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	35	285.79	328.66
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	36	287.66	330.81
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	37	289.53	332.96
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	38	291.40	335.11
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	39	295.15	339.42
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	40	298.89	343.72
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	41	304.50	350.18
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	42	309.87	356.35

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	43	317.36	364.96
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	44	326.72	375.73
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	45	337.71	388.37
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	46	350.80	403.42
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	47	365.54	420.37
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	48	382.38	439.74
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	49	398.98	458.83
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	50	417.69	480.34
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	51	436.17	501.60
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	52	456.51	524.99
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	53	477.09	548.65
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	54	499.31	574.21
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	55	521.53	599.76
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	56	545.62	627.46
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	57	569.94	655.43
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	58	595.90	685.29
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	59	608.76	700.07
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	60	634.72	729.93
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	61	657.18	755.76
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	62	671.91	772.70
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	63	690.38	793.94
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	64	701.37	806.58
14002TN0370022	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	701.37	806.58

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	151.44	151.44
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	21	238.49	274.26
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	22	238.49	274.26
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	23	238.49	274.26
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	24	238.49	274.26
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	25	239.45	275.37
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	26	244.21	280.84
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	27	249.94	287.43
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	28	259.24	298.13
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	29	266.87	306.90
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	30	270.68	311.28
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	31	276.41	317.87
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	32	282.13	324.45
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	33	285.71	328.57
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	34	289.52	332.95
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	35	291.43	335.14
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	36	293.35	337.35
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	37	295.25	339.54
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	38	297.16	341.73
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	39	300.98	346.13
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	40	304.79	350.51
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	41	310.51	357.09
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	42	315.99	363.39

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	43	323.63	372.17
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	44	333.17	383.15
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	45	344.38	396.04
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	46	357.73	411.39
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	47	372.76	428.67
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	48	389.93	448.42
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	49	406.87	467.90
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	50	425.95	489.84
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	51	444.79	511.51
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	52	465.53	535.36
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	53	486.51	559.49
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	54	509.17	585.55
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	55	531.84	611.62
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	56	556.40	639.86
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	57	581.20	668.38
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	58	607.67	698.82
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	59	620.79	713.91
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	60	647.26	744.35
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	61	670.16	770.68
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	62	685.19	787.97
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	63	704.02	809.62
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	64	715.23	822.51
14002TN0370022	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	715.23	822.51

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	156.28	156.28
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	21	246.11	283.03
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	22	246.11	283.03
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	23	246.11	283.03
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	24	246.11	283.03
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	25	247.09	284.15
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	26	252.01	289.81
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	27	257.92	296.61
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	28	267.52	307.65
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	29	275.40	316.71
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	30	279.33	321.23
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	31	285.24	328.03
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	32	291.14	334.81
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	33	294.84	339.07
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	34	298.77	343.59
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	35	300.74	345.85
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	36	302.72	348.13
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	37	304.68	350.38
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	38	306.65	352.65
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	39	310.59	357.18
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	40	314.53	361.71
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	41	320.43	368.49
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	42	326.09	375.00

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	43	333.97	384.07
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	44	343.82	395.39
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	45	355.38	408.69
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	46	369.16	424.53
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	47	384.67	442.37
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	48	402.38	462.74
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	49	419.86	482.84
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	50	439.55	505.48
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	51	458.99	527.84
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	52	480.40	552.46
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	53	502.05	577.36
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	54	525.44	604.26
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	55	548.82	631.14
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	56	574.17	660.30
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	57	599.76	689.72
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	58	627.08	721.14
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	59	640.61	736.70
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	60	667.93	768.12
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	61	691.57	795.31
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	62	707.07	813.13
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	63	726.51	835.49
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	64	738.07	848.78
14002TN0370022	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	738.07	848.78

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	159.31	159.31
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	21	250.89	288.52
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	22	250.89	288.52
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	23	250.89	288.52
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	24	250.89	288.52
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	25	251.90	289.69
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	26	256.91	295.45
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	27	262.93	302.37
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	28	272.72	313.63
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	29	280.75	322.86
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	30	284.76	327.47
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	31	290.78	334.40
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	32	296.80	341.32
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	33	300.57	345.66
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	34	304.58	350.27
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	35	306.59	352.58
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	36	308.60	354.89
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	37	310.60	357.19
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	38	312.61	359.50
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	39	316.63	364.12
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	40	320.64	368.74
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	41	326.66	375.66
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	42	332.43	382.29

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	43	340.46	391.53
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	44	350.50	403.08
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	45	362.28	416.62
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	46	376.34	432.79
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	47	392.14	450.96
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	48	410.21	471.74
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	49	428.02	492.22
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	50	448.10	515.32
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	51	467.91	538.10
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	52	489.74	563.20
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	53	511.81	588.58
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	54	535.65	616.00
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	55	559.49	643.41
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	56	585.33	673.13
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	57	611.42	703.13
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	58	639.27	735.16
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	59	653.06	751.02
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	60	680.91	783.05
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	61	705.01	810.76
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	62	720.81	828.93
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	63	740.63	851.72
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	64	752.42	865.28
14002TN0370022	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	752.42	865.28

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	139.96	139.96
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	21	220.41	253.47
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	22	220.41	253.47
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	23	220.41	253.47
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	24	220.41	253.47
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	25	221.29	254.48
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	26	225.70	259.56
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	27	230.99	265.64
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	28	239.58	275.52
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	29	246.64	283.64
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	30	250.16	287.68
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	31	255.45	293.77
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	32	260.74	299.85
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	33	264.05	303.66
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	34	267.57	307.71
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	35	269.34	309.74
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	36	271.11	311.78
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	37	272.86	313.79
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	38	274.63	315.82
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	39	278.16	319.88
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	40	281.68	323.93
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	41	286.97	330.02
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	42	292.04	335.85

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	43	299.09	343.95
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	44	307.91	354.10
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	45	318.27	366.01
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	46	330.61	380.20
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	47	344.50	396.18
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	48	360.37	414.43
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	49	376.02	432.42
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	50	393.65	452.70
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	51	411.06	472.72
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	52	430.24	494.78
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	53	449.63	517.07
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	54	470.57	541.16
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	55	491.51	565.24
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	56	514.21	591.34
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	57	537.13	617.70
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	58	561.60	645.84
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	59	573.72	659.78
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	60	598.19	687.92
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	61	619.35	712.25
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	62	633.24	728.23
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	63	650.65	748.25
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	64	661.00	760.15
14002TN0370022	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	661.00	760.15

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	153.68	153.68
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	21	242.01	278.31
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	22	242.01	278.31
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	23	242.01	278.31
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	24	242.01	278.31
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	25	242.98	279.43
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	26	247.82	284.99
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	27	253.63	291.67
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	28	263.07	302.53
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	29	270.82	311.44
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	30	274.68	315.88
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	31	280.49	322.56
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	32	286.30	329.25
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	33	289.93	333.42
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	34	293.80	337.87
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	35	295.74	340.10
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	36	297.68	342.33
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	37	299.61	344.55
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	38	301.55	346.78
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	39	305.43	351.24
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	40	309.29	355.68
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	41	315.10	362.37
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	42	320.66	368.76

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	43	328.41	377.67
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	44	338.10	388.82
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	45	349.47	401.89
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	46	363.02	417.47
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	47	378.27	435.01
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	48	395.69	455.04
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	49	412.88	474.81
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	50	432.24	497.08
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	51	451.36	519.06
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	52	472.41	543.27
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	53	493.70	567.76
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	54	516.70	594.21
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	55	539.69	620.64
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	56	564.62	649.31
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	57	589.79	678.26
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	58	616.65	709.15
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	59	629.96	724.45
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	60	656.82	755.34
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	61	680.06	782.07
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	62	695.31	799.61
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	63	714.43	821.59
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	64	725.80	834.67
14002TN0370022	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	725.80	834.67

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	112.82	112.82
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	21	177.66	204.31
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	22	177.66	204.31
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	23	177.66	204.31
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	24	177.66	204.31
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	25	178.37	205.13
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	26	181.92	209.21
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	27	186.18	214.11
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	28	193.11	222.08
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	29	198.80	228.62
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	30	201.64	231.89
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	31	205.91	236.80
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	32	210.16	241.68
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	33	212.83	244.75
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	34	215.67	248.02
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	35	217.10	249.67
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	36	218.51	251.29
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	37	219.94	252.93
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	38	221.35	254.55
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	39	224.21	257.84
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	40	227.05	261.11
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	41	231.30	266.00
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	42	235.39	270.70

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	43	241.08	277.24
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	44	248.19	285.42
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	45	256.54	295.02
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	46	266.49	306.46
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	47	277.68	319.33
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	48	290.47	334.04
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	49	303.08	348.54
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	50	317.30	364.90
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	51	331.33	381.03
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	52	346.78	398.80
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	53	362.42	416.78
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	54	379.29	436.18
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	55	396.17	455.60
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	56	414.47	476.64
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	57	432.94	497.88
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	58	452.67	520.57
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	59	462.43	531.79
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	60	482.16	554.48
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	61	499.21	574.09
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	62	510.40	586.96
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	63	524.44	603.11
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	64	532.79	612.71
14002TN0370024	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	532.79	612.71

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	115.28	115.28
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	21	181.54	208.77
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	22	181.54	208.77
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	23	181.54	208.77
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	24	181.54	208.77
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	25	182.27	209.61
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	26	185.90	213.79
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	27	190.25	218.79
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	28	197.33	226.93
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	29	203.14	233.61
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	30	206.04	236.95
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	31	210.41	241.97
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	32	214.76	246.97
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	33	217.48	250.10
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	34	220.38	253.44
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	35	221.84	255.12
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	36	223.29	256.78
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	37	224.74	258.45
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	38	226.19	260.12
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	39	229.11	263.48
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	40	232.01	266.81
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	41	236.36	271.81
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	42	240.54	276.62

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	43	246.35	283.30
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	44	253.61	291.65
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	45	262.14	301.46
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	46	272.31	313.16
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	47	283.75	326.31
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	48	296.82	341.34
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	49	309.70	356.16
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	50	324.23	372.86
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	51	338.57	389.36
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	52	354.36	407.51
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	53	370.34	425.89
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	54	387.58	445.72
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	55	404.82	465.54
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	56	423.52	487.05
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	57	442.40	508.76
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	58	462.56	531.94
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	59	472.54	543.42
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	60	492.69	566.59
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	61	510.12	586.64
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	62	521.55	599.78
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	63	535.90	616.29
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	64	544.43	626.09
14002TN0370024	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	544.43	626.09

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	121.47	121.47
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	21	191.29	219.98
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	22	191.29	219.98
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	23	191.29	219.98
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	24	191.29	219.98
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	25	192.06	220.87
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	26	195.88	225.26
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	27	200.47	230.54
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	28	207.93	239.12
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	29	214.05	246.16
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	30	217.11	249.68
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	31	221.71	254.97
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	32	226.29	260.23
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	33	229.16	263.53
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	34	232.22	267.05
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	35	233.76	268.82
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	36	235.28	270.57
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	37	236.82	272.34
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	38	238.34	274.09
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	39	241.41	277.62
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	40	244.47	281.14
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	41	249.06	286.42
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	42	253.46	291.48

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	43	259.58	298.52
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	44	267.24	307.33
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	45	276.22	317.65
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	46	286.94	329.98
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	47	298.99	343.84
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	48	312.76	359.67
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	49	326.34	375.29
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	50	341.65	392.90
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	51	356.75	410.26
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	52	373.40	429.41
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	53	390.23	448.76
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	54	408.40	469.66
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	55	426.57	490.56
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	56	446.27	513.21
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	57	466.17	536.10
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	58	487.41	560.52
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	59	497.92	572.61
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	60	519.16	597.03
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	61	537.52	618.15
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	62	549.57	632.01
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	63	564.69	649.39
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	64	573.68	659.73
14002TN0370024	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	573.68	659.73

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	123.87	123.87
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	21	195.07	224.33
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	22	195.07	224.33
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	23	195.07	224.33
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	24	195.07	224.33
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	25	195.85	225.23
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	26	199.75	229.71
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	27	204.43	235.09
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	28	212.04	243.85
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	29	218.28	251.02
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	30	221.40	254.61
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	31	226.09	260.00
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	32	230.76	265.37
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	33	233.69	268.74
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	34	236.81	272.33
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	35	238.37	274.13
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	36	239.93	275.92
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	37	241.50	277.73
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	38	243.05	279.51
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	39	246.18	283.11
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	40	249.30	286.70
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	41	253.98	292.08
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	42	258.47	297.24

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	43	264.71	304.42
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	44	272.52	313.40
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	45	281.68	323.93
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	46	292.61	336.50
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	47	304.89	350.62
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	48	318.94	366.78
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	49	332.78	382.70
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	50	348.40	400.66
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	51	363.80	418.37
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	52	380.78	437.90
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	53	397.94	457.63
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	54	416.47	478.94
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	55	435.00	500.25
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	56	455.09	523.35
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	57	475.38	546.69
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	58	497.04	571.60
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	59	507.76	583.92
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	60	529.42	608.83
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	61	548.14	630.36
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	62	560.43	644.49
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	63	575.84	662.22
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	64	585.01	672.76
14002TN0370024	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	585.01	672.76

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	127.83	127.83
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	21	201.30	231.50
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	22	201.30	231.50
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	23	201.30	231.50
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	24	201.30	231.50
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	25	202.11	232.43
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	26	206.14	237.06
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	27	210.96	242.60
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	28	218.81	251.63
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	29	225.25	259.04
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	30	228.47	262.74
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	31	233.31	268.31
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	32	238.13	273.85
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	33	241.15	277.32
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	34	244.37	281.03
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	35	245.99	282.89
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	36	247.59	284.73
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	37	249.21	286.59
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	38	250.81	288.43
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	39	254.05	292.16
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	40	257.27	295.86
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	41	262.09	301.40
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	42	266.72	306.73

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	43	273.16	314.13
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	44	281.22	323.40
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	45	290.68	334.28
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	46	301.96	347.25
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	47	314.63	361.82
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	48	329.13	378.50
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	49	343.41	394.92
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	50	359.53	413.46
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	51	375.42	431.73
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	52	392.94	451.88
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	53	410.66	472.26
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	54	429.77	494.24
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	55	448.89	516.22
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	56	469.63	540.07
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	57	490.56	564.14
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	58	512.91	589.85
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	59	523.98	602.58
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	60	546.33	628.28
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	61	565.65	650.50
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	62	578.33	665.08
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	63	594.24	683.38
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	64	603.70	694.26
14002TN0370024	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	603.70	694.26

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	130.31	130.31
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	21	205.21	235.99
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	22	205.21	235.99
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	23	205.21	235.99
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	24	205.21	235.99
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	25	206.04	236.95
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	26	210.14	241.66
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	27	215.06	247.32
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	28	223.07	256.53
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	29	229.63	264.07
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	30	232.91	267.85
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	31	237.84	273.52
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	32	242.76	279.17
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	33	245.84	282.72
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	34	249.12	286.49
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	35	250.77	288.39
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	36	252.41	290.27
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	37	254.05	292.16
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	38	255.69	294.04
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	39	258.98	297.83
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	40	262.27	301.61
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	41	267.18	307.26
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	42	271.91	312.70

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	43	278.47	320.24
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	44	286.69	329.69
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	45	296.33	340.78
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	46	307.82	353.99
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	47	320.75	368.86
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	48	335.53	385.86
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	49	350.09	402.60
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	50	366.51	421.49
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	51	382.72	440.13
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	52	400.58	460.67
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	53	418.64	481.44
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	54	438.13	503.85
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	55	457.62	526.26
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	56	478.75	550.56
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	57	500.10	575.12
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	58	522.88	601.31
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	59	534.16	614.28
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	60	556.95	640.49
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	61	576.64	663.14
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	62	589.57	678.01
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	63	605.79	696.66
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	64	615.43	707.74
14002TN0370024	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	615.43	707.74

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	114.48	114.48
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	21	180.28	207.32
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	22	180.28	207.32
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	23	180.28	207.32
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	24	180.28	207.32
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	25	181.00	208.15
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	26	184.61	212.30
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	27	188.93	217.27
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	28	195.96	225.35
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	29	201.73	231.99
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	30	204.62	235.31
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	31	208.95	240.29
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	32	213.27	245.26
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	33	215.97	248.37
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	34	218.85	251.68
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	35	220.30	253.35
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	36	221.74	255.00
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	37	223.19	256.67
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	38	224.62	258.31
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	39	227.52	261.65
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	40	230.40	264.96
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	41	234.72	269.93
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	42	238.87	274.70

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	43	244.64	281.34
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	44	251.85	289.63
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	45	260.33	299.38
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	46	270.42	310.98
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	47	281.78	324.05
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	48	294.76	338.97
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	49	307.55	353.68
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	50	321.98	370.28
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	51	336.22	386.65
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	52	351.91	404.70
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	53	367.77	422.94
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	54	384.90	442.64
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	55	402.02	462.32
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	56	420.59	483.68
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	57	439.34	505.24
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	58	459.35	528.25
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	59	469.26	539.65
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	60	489.28	562.67
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	61	506.58	582.57
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	62	517.94	595.63
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	63	532.19	612.02
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	64	540.66	621.76
14002TN0370024	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	540.66	621.76

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	125.70	125.70
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	21	197.95	227.64
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	22	197.95	227.64
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	23	197.95	227.64
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	24	197.95	227.64
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	25	198.75	228.56
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	26	202.71	233.12
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	27	207.45	238.57
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	28	215.17	247.45
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	29	221.51	254.74
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	30	224.67	258.37
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	31	229.43	263.84
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	32	234.17	269.30
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	33	237.14	272.71
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	34	240.31	276.36
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	35	241.90	278.19
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	36	243.47	279.99
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	37	245.06	281.82
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	38	246.64	283.64
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	39	249.82	287.29
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	40	252.99	290.94
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	41	257.73	296.39
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	42	262.29	301.63

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	43	268.62	308.91
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	44	276.54	318.02
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	45	285.84	328.72
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	46	296.93	341.47
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	47	309.40	355.81
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	48	323.66	372.21
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	49	337.70	388.36
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	50	353.54	406.57
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	51	369.18	424.56
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	52	386.40	444.36
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	53	403.82	464.39
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	54	422.62	486.01
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	55	441.43	507.64
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	56	461.82	531.09
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	57	482.40	554.76
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	58	504.38	580.04
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	59	515.26	592.55
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	60	537.24	617.83
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	61	556.24	639.68
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	62	568.71	654.02
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	63	584.35	672.00
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	64	593.65	682.70
14002TN0370024	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	593.65	682.70

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	132.14	132.14
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	21	208.09	239.30
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	22	208.09	239.30
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	23	208.09	239.30
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	24	208.09	239.30
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	25	208.92	240.26
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	26	213.09	245.05
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	27	218.09	250.80
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	28	226.20	260.13
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	29	232.86	267.79
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	30	236.19	271.62
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	31	241.18	277.36
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	32	246.18	283.11
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	33	249.30	286.70
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	34	252.62	290.51
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	35	254.29	292.43
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	36	255.95	294.34
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	37	257.62	296.26
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	38	259.29	298.18
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	39	262.62	302.01
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	40	265.94	305.83
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	41	270.94	311.58
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	42	275.72	317.08

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	43	282.39	324.75
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	44	290.71	334.32
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	45	300.49	345.56
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	46	312.14	358.96
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	47	325.25	374.04
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	48	340.24	391.28
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	49	355.01	408.26
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	50	371.66	427.41
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	51	388.09	446.30
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	52	406.20	467.13
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	53	424.51	488.19
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	54	444.28	510.92
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	55	464.05	533.66
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	56	485.49	558.31
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	57	507.13	583.20
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	58	530.23	609.76
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	59	541.67	622.92
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	60	564.77	649.49
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	61	584.75	672.46
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	62	597.86	687.54
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	63	614.29	706.43
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	64	624.07	717.68
14002TN0370001	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	624.07	717.68

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	124.21	124.21
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	21	195.60	224.94
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	22	195.60	224.94
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	23	195.60	224.94
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	24	195.60	224.94
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	25	196.38	225.84
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	26	200.30	230.35
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	27	204.99	235.74
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	28	212.62	244.51
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	29	218.88	251.71
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	30	222.01	255.31
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	31	226.70	260.71
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	32	231.40	266.11
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	33	234.33	269.48
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	34	237.46	273.08
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	35	239.03	274.88
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	36	240.58	276.67
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	37	242.15	278.47
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	38	243.72	280.28
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	39	246.85	283.88
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	40	249.98	287.48
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	41	254.67	292.87
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	42	259.17	298.05

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	43	265.43	305.24
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	44	273.26	314.25
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	45	282.45	324.82
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	46	293.40	337.41
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	47	305.72	351.58
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	48	319.81	367.78
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	49	333.70	383.76
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	50	349.34	401.74
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	51	364.79	419.51
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	52	381.81	439.08
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	53	399.02	458.87
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	54	417.61	480.25
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	55	436.18	501.61
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	56	456.34	524.79
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	57	476.68	548.18
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	58	498.39	573.15
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	59	509.14	585.51
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	60	530.86	610.49
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	61	549.64	632.09
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	62	561.96	646.25
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	63	577.41	664.02
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	64	586.60	674.59
14002TN0370001	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	586.60	674.59

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	128.02	128.02
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	21	201.60	231.84
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	22	201.60	231.84
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	23	201.60	231.84
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	24	201.60	231.84
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	25	202.41	232.77
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	26	206.44	237.41
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	27	211.28	242.97
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	28	219.14	252.01
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	29	225.60	259.44
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	30	228.82	263.14
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	31	233.66	268.71
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	32	238.50	274.28
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	33	241.52	277.75
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	34	244.74	281.45
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	35	246.36	283.31
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	36	247.97	285.17
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	37	249.58	287.02
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	38	251.20	288.88
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	39	254.42	292.58
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	40	257.65	296.30
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	41	262.49	301.86
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	42	267.12	307.19

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	43	273.58	314.62
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	44	281.64	323.89
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	45	291.12	334.79
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	46	302.40	347.76
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	47	315.10	362.37
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	48	329.62	379.06
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	49	343.94	395.53
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	50	360.06	414.07
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	51	375.99	432.39
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	52	393.52	452.55
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	53	411.27	472.96
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	54	430.42	494.98
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	55	449.57	517.01
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	56	470.34	540.89
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	57	491.31	565.01
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	58	513.68	590.73
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	59	524.77	603.49
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	60	547.15	629.22
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	61	566.50	651.48
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	62	579.20	666.08
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	63	595.13	684.40
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	64	604.60	695.29
14002TN0370001	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	604.60	695.29

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	136.06	136.06
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	21	214.26	246.40
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	22	214.26	246.40
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	23	214.26	246.40
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	24	214.26	246.40
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	25	215.12	247.39
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	26	219.41	252.32
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	27	224.55	258.23
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	28	232.90	267.84
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	29	239.76	275.72
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	30	243.19	279.67
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	31	248.33	285.58
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	32	253.48	291.50
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	33	256.69	295.19
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	34	260.11	299.13
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	35	261.83	301.10
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	36	263.54	303.07
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	37	265.26	305.05
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	38	266.97	307.02
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	39	270.40	310.96
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	40	273.83	314.90
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	41	278.97	320.82
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	42	283.90	326.49

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	43	290.76	334.37
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	44	299.33	344.23
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	45	309.40	355.81
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	46	321.39	369.60
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	47	334.89	385.12
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	48	350.32	402.87
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	49	365.54	420.37
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	50	382.67	440.07
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	51	399.60	459.54
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	52	418.24	480.98
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	53	437.09	502.65
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	54	457.45	526.07
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	55	477.80	549.47
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	56	499.88	574.86
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	57	522.16	600.48
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	58	545.94	627.83
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	59	557.72	641.38
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	60	581.51	668.74
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	61	602.08	692.39
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	62	615.58	707.92
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	63	632.50	727.38
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	64	642.57	738.96
14002TN0370001	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	642.57	738.96

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	137.67	137.67
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	21	216.81	249.33
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	22	216.81	249.33
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	23	216.81	249.33
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	24	216.81	249.33
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	25	217.67	250.32
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	26	222.01	255.31
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	27	227.21	261.29
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	28	235.67	271.02
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	29	242.61	279.00
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	30	246.08	282.99
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	31	251.28	288.97
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	32	256.49	294.96
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	33	259.73	298.69
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	34	263.20	302.68
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	35	264.94	304.68
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	36	266.67	306.67
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	37	268.40	308.66
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	38	270.14	310.66
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	39	273.61	314.65
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	40	277.08	318.64
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	41	282.28	324.62
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	42	287.27	330.36

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	43	294.21	338.34
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	44	302.88	348.31
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	45	313.07	360.03
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	46	325.21	373.99
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	47	338.87	389.70
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	48	354.48	407.65
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	49	369.87	425.35
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	50	387.22	445.30
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	51	404.34	464.99
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	52	423.20	486.68
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	53	442.28	508.62
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	54	462.88	532.31
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	55	483.47	555.99
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	56	505.81	581.68
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	57	528.36	607.61
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	58	552.42	635.28
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	59	564.34	648.99
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	60	588.41	676.67
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	61	609.23	700.61
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	62	622.88	716.31
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	63	640.01	736.01
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	64	650.20	747.73
14002TN0370001	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	650.20	747.73

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	131.96	131.96
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	21	207.80	238.97
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	22	207.80	238.97
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	23	207.80	238.97
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	24	207.80	238.97
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	25	208.63	239.92
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	26	212.79	244.71
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	27	217.78	250.45
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	28	225.88	259.76
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	29	232.53	267.41
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	30	235.86	271.24
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	31	240.84	276.97
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	32	245.83	282.70
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	33	248.95	286.29
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	34	252.27	290.11
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	35	253.93	292.02
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	36	255.59	293.93
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	37	257.26	295.85
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	38	258.92	297.76
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	39	262.24	301.58
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	40	265.57	305.41
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	41	270.56	311.14
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	42	275.33	316.63

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	43	281.99	324.29
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	44	290.30	333.85
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	45	300.07	345.08
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	46	311.70	358.46
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	47	324.79	373.51
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	48	339.76	390.72
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	49	354.51	407.69
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	50	371.13	426.80
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	51	387.55	445.68
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	52	405.62	466.46
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	53	423.91	487.50
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	54	443.66	510.21
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	55	463.39	532.90
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	56	484.80	557.52
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	57	506.41	582.37
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	58	529.48	608.90
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	59	540.90	622.04
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	60	563.97	648.57
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	61	583.92	671.51
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	62	597.01	686.56
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	63	613.42	705.43
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	64	623.19	716.67
14002TN0370001	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	623.19	716.67

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	123.35	123.35
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	21	194.24	223.38
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	22	194.24	223.38
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	23	194.24	223.38
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	24	194.24	223.38
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	25	195.02	224.27
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	26	198.91	228.75
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	27	203.57	234.11
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	28	211.14	242.81
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	29	217.36	249.96
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	30	220.47	253.54
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	31	225.13	258.90
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	32	229.80	264.27
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	33	232.71	267.62
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	34	235.81	271.18
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	35	237.37	272.98
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	36	238.92	274.76
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	37	240.47	276.54
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	38	242.03	278.33
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	39	245.14	281.91
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	40	248.24	285.48
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	41	252.91	290.85
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	42	257.37	295.98

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	43	263.59	303.13
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	44	271.36	312.06
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	45	280.49	322.56
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	46	291.37	335.08
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	47	303.60	349.14
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	48	317.59	365.23
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	49	331.39	381.10
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	50	346.92	398.96
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	51	362.26	416.60
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	52	379.16	436.03
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	53	396.26	455.70
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	54	414.71	476.92
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	55	433.16	498.13
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	56	453.17	521.15
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	57	473.38	544.39
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	58	494.94	569.18
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	59	505.62	581.46
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	60	527.18	606.26
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	61	545.83	627.70
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	62	558.07	641.78
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	63	573.41	659.42
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	64	582.54	669.92
14002TN0370001	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	582.54	669.92

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	138.07	138.07
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	21	217.43	250.04
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	22	217.43	250.04
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	23	217.43	250.04
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	24	217.43	250.04
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	25	218.29	251.03
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	26	222.65	256.05
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	27	227.87	262.05
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	28	236.34	271.79
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	29	243.31	279.81
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	30	246.78	283.80
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	31	252.00	289.80
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	32	257.22	295.80
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	33	260.48	299.55
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	34	263.96	303.55
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	35	265.70	305.56
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	36	267.43	307.54
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	37	269.18	309.56
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	38	270.92	311.56
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	39	274.40	315.56
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	40	277.87	319.55
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	41	283.09	325.55
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	42	288.09	331.30

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	43	295.05	339.31
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	44	303.75	349.31
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	45	313.97	361.07
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	46	326.14	375.06
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	47	339.84	390.82
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	48	355.50	408.83
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	49	370.94	426.58
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	50	388.33	446.58
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	51	405.50	466.33
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	52	424.42	488.08
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	53	443.55	510.08
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	54	464.21	533.84
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	55	484.86	557.59
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	56	507.26	583.35
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	57	529.87	609.35
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	58	554.01	637.11
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	59	565.96	650.85
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	60	590.10	678.62
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	61	610.98	702.63
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	62	624.67	718.37
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	63	641.85	738.13
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	64	652.07	749.88
14002TN0370001	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	652.07	749.88

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	138.70	138.70
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	21	218.42	251.18
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	22	218.42	251.18
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	23	218.42	251.18
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	24	218.42	251.18
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	25	219.29	252.18
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	26	223.66	257.21
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	27	228.90	263.24
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	28	237.42	273.03
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	29	244.41	281.07
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	30	247.91	285.10
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	31	253.15	291.12
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	32	258.39	297.15
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	33	261.66	300.91
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	34	265.16	304.93
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	35	266.91	306.95
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	36	268.65	308.95
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	37	270.40	310.96
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	38	272.15	312.97
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	39	275.64	316.99
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	40	279.13	321.00
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	41	284.38	327.04
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	42	289.40	332.81

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	43	296.40	340.86
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	44	305.13	350.90
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	45	315.40	362.71
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	46	327.63	376.77
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	47	341.38	392.59
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	48	357.11	410.68
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	49	372.62	428.51
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	50	390.09	448.60
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	51	407.34	468.44
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	52	426.35	490.30
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	53	445.57	512.41
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	54	466.32	536.27
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	55	487.06	560.12
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	56	509.57	586.01
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	57	532.28	612.12
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	58	556.53	640.01
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	59	568.54	653.82
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	60	592.78	681.70
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	61	613.75	705.81
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	62	627.51	721.64
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	63	644.76	741.47
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	64	655.03	753.28
14002TN0370011	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	655.03	753.28

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	141.73	141.73
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	21	223.19	256.67
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	22	223.19	256.67
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	23	223.19	256.67
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	24	223.19	256.67
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	25	224.08	257.69
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	26	228.55	262.83
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	27	233.91	269.00
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	28	242.61	279.00
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	29	249.75	287.21
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	30	253.32	291.32
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	31	258.68	297.48
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	32	264.04	303.65
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	33	267.38	307.49
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	34	270.95	311.59
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	35	272.74	313.65
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	36	274.52	315.70
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	37	276.31	317.76
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	38	278.10	319.82
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	39	281.67	323.92
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	40	285.23	328.01
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	41	290.59	334.18
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	42	295.73	340.09

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	43	302.87	348.30
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	44	311.80	358.57
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	45	322.29	370.63
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	46	334.78	385.00
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	47	348.84	401.17
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	48	364.92	419.66
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	49	380.77	437.89
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	50	398.62	458.41
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	51	416.25	478.69
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	52	435.66	501.01
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	53	455.31	523.61
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	54	476.51	547.99
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	55	497.71	572.37
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	56	520.71	598.82
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	57	543.92	625.51
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	58	568.69	653.99
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	59	580.96	668.10
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	60	605.74	696.60
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	61	627.17	721.25
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	62	641.23	737.41
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	63	658.85	757.68
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	64	669.34	769.74
14002TN0370011	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	669.34	769.74

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	149.34	149.34
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	21	235.18	270.46
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	22	235.18	270.46
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	23	235.18	270.46
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	24	235.18	270.46
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	25	236.12	271.54
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	26	240.82	276.94
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	27	246.47	283.44
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	28	255.64	293.99
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	29	263.17	302.65
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	30	266.93	306.97
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	31	272.58	313.47
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	32	278.22	319.95
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	33	281.75	324.01
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	34	285.51	328.34
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	35	287.39	330.50
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	36	289.27	332.66
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	37	291.15	334.82
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	38	293.04	337.00
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	39	296.80	341.32
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	40	300.56	345.64
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	41	306.20	352.13
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	42	311.61	358.35

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	43	319.14	367.01
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	44	328.55	377.83
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	45	339.60	390.54
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	46	352.77	405.69
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	47	367.58	422.72
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	48	384.52	442.20
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	49	401.22	461.40
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	50	420.03	483.03
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	51	438.61	504.40
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	52	459.07	527.93
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	53	479.76	551.72
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	54	502.11	577.43
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	55	524.44	603.11
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	56	548.68	630.98
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	57	573.13	659.10
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	58	599.24	689.13
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	59	612.17	704.00
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	60	638.27	734.01
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	61	660.86	759.99
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	62	675.67	777.02
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	63	694.25	798.39
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	64	705.30	811.10
14002TN0370011	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	705.30	811.10

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	152.29	152.29
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	21	239.83	275.80
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	22	239.83	275.80
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	23	239.83	275.80
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	24	239.83	275.80
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	25	240.78	276.90
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	26	245.58	282.42
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	27	251.34	289.04
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	28	260.69	299.79
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	29	268.37	308.63
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	30	272.20	313.03
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	31	277.96	319.65
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	32	283.72	326.28
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	33	287.31	330.41
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	34	291.15	334.82
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	35	293.07	337.03
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	36	294.98	339.23
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	37	296.90	341.44
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	38	298.83	343.65
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	39	302.66	348.06
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	40	306.50	352.48
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	41	312.25	359.09
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	42	317.77	365.44

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	43	325.45	374.27
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	44	335.04	385.30
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	45	346.31	398.26
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	46	359.74	413.70
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	47	374.85	431.08
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	48	392.12	450.94
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	49	409.15	470.52
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	50	428.33	492.58
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	51	447.27	514.36
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	52	468.14	538.36
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	53	489.24	562.63
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	54	512.03	588.83
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	55	534.81	615.03
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	56	559.52	643.45
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	57	584.46	672.13
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	58	611.08	702.74
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	59	624.26	717.90
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	60	650.88	748.51
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	61	673.91	775.00
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	62	689.02	792.37
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	63	707.96	814.15
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	64	719.24	827.13
14002TN0370011	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	719.24	827.13

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				
Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	157.16	157.16
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	21	247.49	284.61
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	22	247.49	284.61
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	23	247.49	284.61
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	24	247.49	284.61
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	25	248.47	285.74
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	26	253.43	291.44
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	27	259.37	298.28
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	28	269.02	309.37
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	29	276.94	318.48
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	30	280.90	323.04
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	31	286.84	329.87
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	32	292.78	336.70
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	33	296.49	340.96
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	34	300.45	345.52
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	35	302.43	347.79
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	36	304.40	350.06
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	37	306.39	352.35
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	38	308.37	354.63
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	39	312.33	359.18
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	40	316.29	363.73
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	41	322.23	370.56
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	42	327.92	377.11

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	43	335.84	386.22
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	44	345.74	397.60
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	45	357.37	410.98
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	46	371.23	426.91
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	47	386.82	444.84
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	48	404.64	465.34
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	49	422.22	485.55
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	50	442.01	508.31
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	51	461.56	530.79
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	52	483.09	555.55
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	53	504.87	580.60
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	54	528.39	607.65
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	55	551.89	634.67
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	56	577.39	664.00
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	57	603.13	693.60
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	58	630.60	725.19
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	59	644.20	740.83
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	60	671.68	772.43
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	61	695.44	799.76
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	62	711.03	817.68
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	63	730.58	840.17
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	64	742.21	853.54
14002TN0370011	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	742.21	853.54

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	160.21	160.21
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	21	252.30	290.15
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	22	252.30	290.15
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	23	252.30	290.15
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	24	252.30	290.15
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	25	253.30	291.30
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	26	258.35	297.10
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	27	264.41	304.07
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	28	274.25	315.39
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	29	282.32	324.67
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	30	286.36	329.31
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	31	292.42	336.28
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	32	298.47	343.24
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	33	302.25	347.59
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	34	306.29	352.23
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	35	308.31	354.56
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	36	310.32	356.87
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	37	312.34	359.19
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	38	314.36	361.51
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	39	318.40	366.16
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	40	322.43	370.79
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	41	328.49	377.76
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	42	334.29	384.43

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	43	342.37	393.73
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	44	352.46	405.33
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	45	364.32	418.97
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	46	378.44	435.21
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	47	394.34	453.49
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	48	412.51	474.39
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	49	430.42	494.98
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	50	450.60	518.19
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	51	470.53	541.11
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	52	492.48	566.35
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	53	514.68	591.88
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	54	538.65	619.45
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	55	562.61	647.00
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	56	588.61	676.90
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	57	614.85	707.08
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	58	642.85	739.28
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	59	656.72	755.23
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	60	684.73	787.44
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	61	708.96	815.30
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	62	724.85	833.58
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	63	744.77	856.49
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	64	756.63	870.12
14002TN0370011	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	756.63	870.12

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	140.75	140.75
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	21	221.64	254.89
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	22	221.64	254.89
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	23	221.64	254.89
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	24	221.64	254.89
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	25	222.53	255.91
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	26	226.96	261.00
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	27	232.28	267.12
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	28	240.93	277.07
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	29	248.02	285.22
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	30	251.57	289.31
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	31	256.89	295.42
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	32	262.21	301.54
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	33	265.53	305.36
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	34	269.07	309.43
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	35	270.85	311.48
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	36	272.62	313.51
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	37	274.39	315.55
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	38	276.17	317.60
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	39	279.71	321.67
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	40	283.26	325.75
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	41	288.58	331.87
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	42	293.68	337.73

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	43	300.77	345.89
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	44	309.64	356.09
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	45	320.06	368.07
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	46	332.46	382.33
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	47	346.43	398.39
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	48	362.39	416.75
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	49	378.13	434.85
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	50	395.86	455.24
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	51	413.36	475.36
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	52	432.64	497.54
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	53	452.15	519.97
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	54	473.21	544.19
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	55	494.26	568.40
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	56	517.10	594.67
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	57	540.15	621.17
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	58	564.75	649.46
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	59	576.93	663.47
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	60	601.54	691.77
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	61	622.82	716.24
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	62	636.78	732.30
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	63	654.29	752.43
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	64	664.71	764.42
14002TN0370011	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	664.71	764.42

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	154.54	154.54
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	21	243.37	279.88
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	22	243.37	279.88
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	23	243.37	279.88
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	24	243.37	279.88
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	25	244.34	280.99
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	26	249.21	286.59
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	27	255.05	293.31
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	28	264.54	304.22
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	29	272.34	313.19
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	30	276.23	317.66
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	31	282.07	324.38
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	32	287.91	331.10
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	33	291.56	335.29
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	34	295.45	339.77
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	35	297.40	342.01
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	36	299.34	344.24
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	37	301.29	346.48
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	38	303.24	348.73
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	39	307.13	353.20
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	40	311.02	357.67
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	41	316.87	364.40
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	42	322.46	370.83

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	43	330.26	379.80
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	44	339.99	390.99
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	45	351.43	404.14
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	46	365.05	419.81
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	47	380.38	437.44
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	48	397.91	457.60
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	49	415.19	477.47
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	50	434.66	499.86
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	51	453.88	521.96
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	52	475.05	546.31
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	53	496.47	570.94
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	54	519.60	597.54
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	55	542.71	624.12
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	56	567.78	652.95
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	57	593.09	682.05
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	58	620.11	713.13
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	59	633.49	728.51
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	60	660.50	759.58
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	61	683.87	786.45
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	62	699.20	804.08
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	63	718.42	826.18
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	64	729.86	839.34
14002TN0370011	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	729.86	839.34

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	129.34	129.34
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	21	203.70	234.26
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	22	203.70	234.26
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	23	203.70	234.26
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	24	203.70	234.26
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	25	204.52	235.20
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	26	208.58	239.87
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	27	213.48	245.50
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	28	221.42	254.63
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	29	227.94	262.13
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	30	231.19	265.87
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	31	236.09	271.50
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	32	240.98	277.13
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	33	244.03	280.63
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	34	247.29	284.38
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	35	248.92	286.26
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	36	250.55	288.13
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	37	252.18	290.01
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	38	253.80	291.87
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	39	257.07	295.63
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	40	260.33	299.38
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	41	265.21	304.99
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	42	269.90	310.39

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	43	276.42	317.88
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	44	284.57	327.26
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	45	294.14	338.26
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	46	305.55	351.38
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	47	318.38	366.14
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	48	333.04	383.00
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	49	347.51	399.64
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	50	363.81	418.38
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	51	379.90	436.89
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	52	397.62	457.26
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	53	415.55	477.88
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	54	434.89	500.12
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	55	454.24	522.38
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	56	475.23	546.51
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	57	496.42	570.88
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	58	519.03	596.88
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	59	530.23	609.76
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	60	552.84	635.77
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	61	572.39	658.25
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	62	585.23	673.01
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	63	601.31	691.51
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	64	610.90	702.54
14002TN0370002	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	610.90	702.54

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	121.58	121.58
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	21	191.47	220.19
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	22	191.47	220.19
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	23	191.47	220.19
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	24	191.47	220.19
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	25	192.24	221.08
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	26	196.06	225.47
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	27	200.66	230.76
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	28	208.13	239.35
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	29	214.25	246.39
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	30	217.31	249.91
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	31	221.91	255.20
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	32	226.51	260.49
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	33	229.38	263.79
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	34	232.44	267.31
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	35	233.97	269.07
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	36	235.50	270.83
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	37	237.03	272.58
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	38	238.56	274.34
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	39	241.64	277.89
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	40	244.70	281.41
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	41	249.29	286.68
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	42	253.69	291.74

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	43	259.83	298.80
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	44	267.48	307.60
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	45	276.48	317.95
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	46	287.20	330.28
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	47	299.26	344.15
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	48	313.05	360.01
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	49	326.65	375.65
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	50	341.96	393.25
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	51	357.09	410.65
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	52	373.74	429.80
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	53	390.60	449.19
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	54	408.78	470.10
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	55	426.97	491.02
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	56	446.69	513.69
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	57	466.61	536.60
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	58	487.86	561.04
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	59	498.39	573.15
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	60	519.64	597.59
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	61	538.02	618.72
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	62	550.09	632.60
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	63	565.21	649.99
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	64	574.22	660.35
14002TN0370002	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	574.22	660.35

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	125.31	125.31
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	21	197.34	226.94
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	22	197.34	226.94
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	23	197.34	226.94
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	24	197.34	226.94
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	25	198.14	227.86
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	26	202.08	232.39
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	27	206.82	237.84
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	28	214.51	246.69
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	29	220.83	253.95
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	30	223.98	257.58
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	31	228.72	263.03
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	32	233.46	268.48
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	33	236.42	271.88
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	34	239.57	275.51
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	35	241.15	277.32
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	36	242.73	279.14
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	37	244.31	280.96
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	38	245.89	282.77
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	39	249.05	286.41
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	40	252.21	290.04
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	41	256.94	295.48
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	42	261.48	300.70

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	43	267.80	307.97
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	44	275.69	317.04
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	45	284.96	327.70
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	46	296.01	340.41
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	47	308.44	354.71
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	48	322.65	371.05
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	49	336.67	387.17
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	50	352.45	405.32
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	51	368.05	423.26
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	52	385.21	442.99
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	53	402.58	462.97
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	54	421.32	484.52
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	55	440.07	506.08
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	56	460.40	529.46
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	57	480.93	553.07
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	58	502.83	578.25
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	59	513.68	590.73
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	60	535.59	615.93
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	61	554.53	637.71
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	62	566.97	652.02
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	63	582.55	669.93
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	64	591.84	680.62
14002TN0370002	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	591.84	680.62

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	133.18	133.18
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	21	209.74	241.20
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	22	209.74	241.20
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	23	209.74	241.20
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	24	209.74	241.20
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	25	210.58	242.17
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	26	214.77	246.99
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	27	219.81	252.78
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	28	227.99	262.19
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	29	234.69	269.89
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	30	238.05	273.76
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	31	243.09	279.55
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	32	248.12	285.34
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	33	251.27	288.96
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	34	254.62	292.81
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	35	256.30	294.75
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	36	257.97	296.67
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	37	259.65	298.60
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	38	261.33	300.53
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	39	264.69	304.39
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	40	268.04	308.25
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	41	273.07	314.03
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	42	277.90	319.59

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	43	284.62	327.31
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	44	293.00	336.95
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	45	302.86	348.29
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	46	314.60	361.79
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	47	327.81	376.98
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	48	342.91	394.35
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	49	357.81	411.48
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	50	374.59	430.78
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	51	391.16	449.83
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	52	409.40	470.81
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	53	427.87	492.05
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	54	447.78	514.95
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	55	467.71	537.87
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	56	489.31	562.71
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	57	511.13	587.80
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	58	534.41	614.57
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	59	545.94	627.83
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	60	569.22	654.60
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	61	589.36	677.76
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	62	602.57	692.96
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	63	619.14	712.01
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	64	629.00	723.35
14002TN0370002	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	629.00	723.35

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	134.76	134.76
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	21	212.23	244.06
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	22	212.23	244.06
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	23	212.23	244.06
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	24	212.23	244.06
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	25	213.08	245.04
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	26	217.32	249.92
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	27	222.42	255.78
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	28	230.69	265.29
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	29	237.48	273.10
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	30	240.87	277.00
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	31	245.97	282.87
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	32	251.06	288.72
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	33	254.25	292.39
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	34	257.64	296.29
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	35	259.34	298.24
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	36	261.03	300.18
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	37	262.73	302.14
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	38	264.43	304.09
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	39	267.83	308.00
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	40	271.23	311.91
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	41	276.32	317.77
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	42	281.20	323.38

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	43	287.99	331.19
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	44	296.48	340.95
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	45	306.45	352.42
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	46	318.34	366.09
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	47	331.70	381.46
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	48	346.98	399.03
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	49	362.06	416.37
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	50	379.03	435.88
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	51	395.80	455.17
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	52	414.26	476.40
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	53	432.94	497.88
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	54	453.10	521.07
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	55	473.26	544.25
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	56	495.12	569.39
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	57	517.20	594.78
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	58	540.75	621.86
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	59	552.42	635.28
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	60	575.98	662.38
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	61	596.35	685.80
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	62	609.73	701.19
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	63	626.49	720.46
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	64	636.47	731.94
14002TN0370002	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	636.47	731.94

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	129.16	129.16
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	21	203.41	233.92
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	22	203.41	233.92
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	23	203.41	233.92
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	24	203.41	233.92
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	25	204.23	234.86
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	26	208.29	239.53
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	27	213.18	245.16
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	28	221.11	254.28
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	29	227.61	261.75
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	30	230.87	265.50
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	31	235.76	271.12
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	32	240.63	276.72
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	33	243.69	280.24
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	34	246.94	283.98
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	35	248.57	285.86
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	36	250.19	287.72
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	37	251.82	289.59
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	38	253.45	291.47
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	39	256.71	295.22
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	40	259.96	298.95
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	41	264.84	304.57
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	42	269.52	309.95

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	43	276.03	317.43
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	44	284.16	326.78
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	45	293.72	337.78
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	46	305.12	350.89
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	47	317.93	365.62
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	48	332.57	382.46
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	49	347.02	399.07
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	50	363.29	417.78
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	51	379.36	436.26
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	52	397.05	456.61
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	53	414.96	477.20
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	54	434.28	499.42
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	55	453.60	521.64
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	56	474.56	545.74
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	57	495.72	570.08
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	58	518.29	596.03
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	59	529.48	608.90
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	60	552.06	634.87
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	61	571.58	657.32
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	62	584.40	672.06
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	63	600.46	690.53
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	64	610.03	701.53
14002TN0370002	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	610.03	701.53

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	120.74	120.74
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	21	190.14	218.66
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	22	190.14	218.66
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	23	190.14	218.66
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	24	190.14	218.66
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	25	190.91	219.55
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	26	194.70	223.91
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	27	199.27	229.16
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	28	206.69	237.69
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	29	212.77	244.69
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	30	215.81	248.18
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	31	220.38	253.44
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	32	224.94	258.68
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	33	227.79	261.96
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	34	230.83	265.45
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	35	232.35	267.20
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	36	233.87	268.95
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	37	235.39	270.70
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	38	236.91	272.45
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	39	239.96	275.95
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	40	243.00	279.45
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	41	247.56	284.69
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	42	251.94	289.73

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	43	258.03	296.73
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	44	265.63	305.47
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	45	274.56	315.74
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	46	285.21	327.99
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	47	297.19	341.77
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	48	310.88	357.51
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	49	324.38	373.04
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	50	339.59	390.53
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	51	354.62	407.81
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	52	371.15	426.82
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	53	387.89	446.07
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	54	405.95	466.84
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	55	424.01	487.61
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	56	443.60	510.14
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	57	463.38	532.89
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	58	484.48	557.15
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	59	494.94	569.18
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	60	516.04	593.45
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	61	534.29	614.43
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	62	546.28	628.22
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	63	561.29	645.48
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	64	570.24	655.78
14002TN0370002	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	570.24	655.78

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	135.15	135.15
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	21	212.84	244.77
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	22	212.84	244.77
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	23	212.84	244.77
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	24	212.84	244.77
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	25	213.69	245.74
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	26	217.94	250.63
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	27	223.06	256.52
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	28	231.35	266.05
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	29	238.16	273.88
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	30	241.56	277.79
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	31	246.68	283.68
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	32	251.78	289.55
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	33	254.98	293.23
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	34	258.38	297.14
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	35	260.08	299.09
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	36	261.78	301.05
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	37	263.49	303.01
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	38	265.19	304.97
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	39	268.60	308.89
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	40	272.00	312.80
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	41	277.11	318.68
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	42	282.01	324.31

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	43	288.82	332.14
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	44	297.33	341.93
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	45	307.33	353.43
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	46	319.25	367.14
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	47	332.66	382.56
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	48	347.98	400.18
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	49	363.10	417.57
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	50	380.12	437.14
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	51	396.94	456.48
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	52	415.45	477.77
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	53	434.19	499.32
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	54	454.40	522.56
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	55	474.62	545.81
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	56	496.54	571.02
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	57	518.68	596.48
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	58	542.31	623.66
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	59	554.01	637.11
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	60	577.63	664.27
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	61	598.06	687.77
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	62	611.48	703.20
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	63	628.29	722.53
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	64	638.30	734.05
14002TN0370002	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	638.30	734.05

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	135.76	135.76
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	21	213.80	245.87
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	22	213.80	245.87
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	23	213.80	245.87
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	24	213.80	245.87
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	25	214.66	246.86
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	26	218.93	251.77
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	27	224.07	257.68
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	28	232.41	267.27
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	29	239.24	275.13
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	30	242.66	279.06
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	31	247.80	284.97
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	32	252.93	290.87
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	33	256.14	294.56
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	34	259.56	298.49
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	35	261.27	300.46
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	36	262.97	302.42
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	37	264.68	304.38
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	38	266.39	306.35
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	39	269.82	310.29
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	40	273.24	314.23
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	41	278.37	320.13
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	42	283.29	325.78

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	43	290.14	333.66
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	44	298.68	343.48
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	45	308.73	355.04
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	46	320.70	368.81
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	47	334.17	384.30
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	48	349.56	401.99
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	49	364.75	419.46
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	50	381.85	439.13
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	51	398.75	458.56
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	52	417.34	479.94
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	53	436.16	501.58
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	54	456.46	524.93
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	55	476.78	548.30
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	56	498.80	573.62
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	57	521.04	599.20
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	58	544.77	626.49
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	59	556.53	640.01
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	60	580.26	667.30
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	61	600.78	690.90
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	62	614.26	706.40
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	63	631.14	725.81
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	64	641.20	737.38
14002TN0370013	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	641.20	737.38

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	138.73	138.73
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	21	218.47	251.24
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	22	218.47	251.24
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	23	218.47	251.24
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	24	218.47	251.24
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	25	219.35	252.25
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	26	223.72	257.28
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	27	228.97	263.32
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	28	237.48	273.10
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	29	244.47	281.14
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	30	247.97	285.17
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	31	253.22	291.20
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	32	258.46	297.23
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	33	261.73	300.99
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	34	265.23	305.01
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	35	266.97	307.02
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	36	268.72	309.03
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	37	270.47	311.04
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	38	272.21	313.04
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	39	275.72	317.08
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	40	279.21	321.09
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	41	284.45	327.12
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	42	289.48	332.90

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	43	296.48	340.95
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	44	305.21	350.99
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	45	315.47	362.79
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	46	327.71	376.87
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	47	341.47	392.69
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	48	357.20	410.78
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	49	372.72	428.63
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	50	390.20	448.73
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	51	407.46	468.58
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	52	426.46	490.43
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	53	445.69	512.54
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	54	466.44	536.41
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	55	487.20	560.28
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	56	509.70	586.16
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	57	532.43	612.29
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	58	556.68	640.18
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	59	568.69	653.99
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	60	592.94	681.88
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	61	613.91	706.00
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	62	627.68	721.83
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	63	644.93	741.67
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	64	655.21	753.49
14002TN0370013	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	655.21	753.49

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	146.18	146.18
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	21	230.21	264.74
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	22	230.21	264.74
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	23	230.21	264.74
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	24	230.21	264.74
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	25	231.14	265.81
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	26	235.73	271.09
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	27	241.27	277.46
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	28	250.24	287.78
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	29	257.60	296.24
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	30	261.29	300.48
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	31	266.82	306.84
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	32	272.34	313.19
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	33	275.79	317.16
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	34	279.48	321.40
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	35	281.32	323.52
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	36	283.16	325.63
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	37	285.00	327.75
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	38	286.84	329.87
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	39	290.53	334.11
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	40	294.21	338.34
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	41	299.73	344.69
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	42	305.03	350.78

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	43	312.40	359.26
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	44	321.60	369.84
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	45	332.42	382.28
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	46	345.32	397.12
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	47	359.81	413.78
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	48	376.39	432.85
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	49	392.74	451.65
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	50	411.16	472.83
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	51	429.35	493.75
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	52	449.37	516.78
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	53	469.64	540.09
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	54	491.50	565.23
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	55	513.37	590.38
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	56	537.08	617.64
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	57	561.03	645.18
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	58	586.58	674.57
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	59	599.24	689.13
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	60	624.79	718.51
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	61	646.89	743.92
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	62	661.40	760.61
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	63	679.58	781.52
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	64	690.41	793.97
14002TN0370013	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	690.41	793.97

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	149.07	149.07
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	21	234.76	269.97
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	22	234.76	269.97
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	23	234.76	269.97
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	24	234.76	269.97
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	25	235.70	271.06
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	26	240.39	276.45
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	27	246.03	282.93
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	28	255.19	293.47
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	29	262.69	302.09
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	30	266.45	306.42
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	31	272.09	312.90
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	32	277.72	319.38
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	33	281.24	323.43
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	34	285.00	327.75
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	35	286.87	329.90
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	36	288.75	332.06
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	37	290.63	334.22
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	38	292.50	336.38
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	39	296.27	340.71
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	40	300.02	345.02
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	41	305.65	351.50
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	42	311.05	357.71

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	43	318.57	366.36
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	44	327.96	377.15
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	45	338.99	389.84
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	46	352.14	404.96
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	47	366.92	421.96
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	48	383.83	441.40
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	49	400.50	460.58
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	50	419.28	482.17
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	51	437.83	503.50
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	52	458.25	526.99
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	53	478.91	550.75
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	54	501.21	576.39
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	55	523.51	602.04
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	56	547.69	629.84
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	57	572.11	657.93
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	58	598.17	687.90
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	59	611.08	702.74
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	60	637.14	732.71
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	61	659.67	758.62
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	62	674.47	775.64
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	63	693.00	796.95
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	64	704.05	809.66
14002TN0370013	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	704.05	809.66

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	153.83	153.83
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	21	242.26	278.60
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	22	242.26	278.60
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	23	242.26	278.60
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	24	242.26	278.60
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	25	243.23	279.71
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	26	248.07	285.28
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	27	253.89	291.97
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	28	263.34	302.84
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	29	271.08	311.74
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	30	274.96	316.20
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	31	280.78	322.90
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	32	286.59	329.58
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	33	290.23	333.76
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	34	294.10	338.22
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	35	296.04	340.45
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	36	297.97	342.67
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	37	299.91	344.90
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	38	301.85	347.13
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	39	305.73	351.59
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	40	309.61	356.05
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	41	315.42	362.73
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	42	320.99	369.14

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	43	328.75	378.06
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	44	338.43	389.19
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	45	349.82	402.29
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	46	363.39	417.90
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	47	378.64	435.44
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	48	396.09	455.50
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	49	413.29	475.28
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	50	432.67	497.57
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	51	451.82	519.59
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	52	472.88	543.81
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	53	494.21	568.34
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	54	517.22	594.80
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	55	540.23	621.26
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	56	565.19	649.97
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	57	590.39	678.95
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	58	617.28	709.87
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	59	630.60	725.19
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	60	657.49	756.11
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	61	680.74	782.85
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	62	696.01	800.41
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	63	715.14	822.41
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	64	726.54	835.52
14002TN0370013	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	726.54	835.52

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	156.82	156.82
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	21	246.97	284.02
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	22	246.97	284.02
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	23	246.97	284.02
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	24	246.97	284.02
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	25	247.96	285.15
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	26	252.89	290.82
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	27	258.83	297.65
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	28	268.46	308.73
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	29	276.35	317.80
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	30	280.30	322.35
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	31	286.24	329.18
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	32	292.16	335.98
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	33	295.87	340.25
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	34	299.82	344.79
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	35	301.79	347.06
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	36	303.77	349.34
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	37	305.74	351.60
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	38	307.71	353.87
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	39	311.68	358.43
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	40	315.62	362.96
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	41	321.55	369.78
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	42	327.23	376.31

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	43	335.14	385.41
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	44	345.01	396.76
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	45	356.62	410.11
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	46	370.45	426.02
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	47	386.00	443.90
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	48	403.79	464.36
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	49	421.33	484.53
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	50	441.08	507.24
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	51	460.60	529.69
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	52	482.07	554.38
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	53	503.82	579.39
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	54	527.27	606.36
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	55	550.73	633.34
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	56	576.17	662.60
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	57	601.86	692.14
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	58	629.27	723.66
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	59	642.85	739.28
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	60	670.27	770.81
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	61	693.97	798.07
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	62	709.54	815.97
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	63	729.04	838.40
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	64	740.66	851.76
14002TN0370013	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	740.66	851.76

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	137.77	137.77
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	21	216.96	249.50
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	22	216.96	249.50
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	23	216.96	249.50
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	24	216.96	249.50
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	25	217.83	250.50
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	26	222.16	255.48
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	27	227.38	261.49
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	28	235.84	271.22
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	29	242.78	279.20
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	30	246.25	283.19
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	31	251.46	289.18
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	32	256.66	295.16
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	33	259.92	298.91
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	34	263.39	302.90
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	35	265.12	304.89
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	36	266.86	306.89
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	37	268.59	308.88
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	38	270.33	310.88
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	39	273.81	314.88
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	40	277.28	318.87
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	41	282.48	324.85
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	42	287.47	330.59

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	43	294.42	338.58
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	44	303.09	348.55
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	45	313.29	360.28
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	46	325.44	374.26
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	47	339.10	389.97
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	48	354.73	407.94
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	49	370.14	425.66
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	50	387.49	445.61
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	51	404.64	465.34
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	52	423.50	487.03
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	53	442.61	509.00
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	54	463.21	532.69
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	55	483.82	556.39
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	56	506.17	582.10
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	57	528.74	608.05
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	58	552.82	635.74
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	59	564.75	649.46
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	60	588.83	677.15
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	61	609.66	701.11
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	62	623.33	716.83
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	63	640.46	736.53
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	64	650.67	748.27
14002TN0370013	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	650.67	748.27

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	151.27	151.27
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	21	238.23	273.96
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	22	238.23	273.96
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	23	238.23	273.96
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	24	238.23	273.96
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	25	239.19	275.07
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	26	243.94	280.53
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	27	249.67	287.12
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	28	258.96	297.80
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	29	266.58	306.57
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	30	270.38	310.94
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	31	276.11	317.53
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	32	281.82	324.09
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	33	285.40	328.21
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	34	289.21	332.59
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	35	291.11	334.78
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	36	293.02	336.97
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	37	294.92	339.16
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	38	296.83	341.35
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	39	300.65	345.75
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	40	304.46	350.13
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	41	310.17	356.70
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	42	315.65	363.00

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	43	323.28	371.77
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	44	332.80	382.72
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	45	344.00	395.60
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	46	357.34	410.94
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	47	372.35	428.20
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	48	389.50	447.93
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	49	406.42	467.38
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	50	425.48	489.30
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	51	444.30	510.95
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	52	465.02	534.77
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	53	485.99	558.89
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	54	508.61	584.90
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	55	531.25	610.94
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	56	555.78	639.15
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	57	580.57	667.66
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	58	607.01	698.06
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	59	620.11	713.13
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	60	646.55	743.53
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	61	669.42	769.83
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	62	684.43	787.09
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	63	703.25	808.74
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	64	714.45	821.62
14002TN0370013	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	714.45	821.62

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	137.39	137.39
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	21	216.36	248.81
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	22	216.36	248.81
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	23	216.36	248.81
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	24	216.36	248.81
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	25	217.23	249.81
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	26	221.55	254.78
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	27	226.74	260.75
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	28	235.18	270.46
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	29	242.10	278.42
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	30	245.56	282.39
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	31	250.76	288.37
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	32	255.95	294.34
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	33	259.20	298.08
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	34	262.66	302.06
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	35	264.38	304.04
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	36	266.12	306.04
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	37	267.85	308.03
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	38	269.58	310.02
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	39	273.05	314.01
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	40	276.50	317.98
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	41	281.70	323.96
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	42	286.67	329.67

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	43	293.60	337.64
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	44	302.25	347.59
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	45	312.42	359.28
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	46	324.54	373.22
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	47	338.17	388.90
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	48	353.74	406.80
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	49	369.10	424.47
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	50	386.42	444.38
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	51	403.51	464.04
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	52	422.33	485.68
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	53	441.37	507.58
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	54	461.92	531.21
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	55	482.48	554.85
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	56	504.76	580.47
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	57	527.26	606.35
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	58	551.28	633.97
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	59	563.18	647.66
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	60	587.20	675.28
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	61	607.97	699.17
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	62	621.60	714.84
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	63	638.69	734.49
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	64	648.85	746.18
14002TN0370003	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	648.85	746.18

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	129.14	129.14
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	21	203.37	233.88
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	22	203.37	233.88
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	23	203.37	233.88
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	24	203.37	233.88
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	25	204.18	234.81
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	26	208.25	239.49
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	27	213.12	245.09
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	28	221.06	254.22
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	29	227.57	261.71
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	30	230.82	265.44
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	31	235.70	271.06
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	32	240.58	276.67
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	33	243.64	280.19
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	34	246.89	283.92
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	35	248.51	285.79
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	36	250.14	287.66
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	37	251.77	289.54
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	38	253.39	291.40
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	39	256.65	295.15
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	40	259.90	298.89
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	41	264.79	304.51
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	42	269.46	309.88

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	43	275.97	317.37
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	44	284.10	326.72
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	45	293.66	337.71
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	46	305.05	350.81
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	47	317.86	365.54
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	48	332.51	382.39
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	49	346.94	398.98
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	50	363.21	417.69
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	51	379.28	436.17
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	52	396.98	456.53
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	53	414.87	477.10
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	54	434.18	499.31
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	55	453.51	521.54
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	56	474.45	545.62
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	57	495.60	569.94
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	58	518.18	595.91
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	59	529.36	608.76
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	60	551.94	634.73
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	61	571.46	657.18
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	62	584.27	671.91
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	63	600.34	690.39
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	64	609.89	701.37
14002TN0370003	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	609.89	701.37

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	133.10	133.10
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	21	209.61	241.05
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	22	209.61	241.05
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	23	209.61	241.05
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	24	209.61	241.05
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	25	210.45	242.02
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	26	214.64	246.84
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	27	219.66	252.61
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	28	227.84	262.02
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	29	234.55	269.73
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	30	237.90	273.59
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	31	242.93	279.37
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	32	247.97	285.17
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	33	251.11	288.78
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	34	254.46	292.63
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	35	256.14	294.56
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	36	257.82	296.49
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	37	259.49	298.41
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	38	261.17	300.35
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	39	264.53	304.21
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	40	267.88	308.06
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	41	272.91	313.85
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	42	277.73	319.39

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	43	284.44	327.11
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	44	292.82	336.74
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	45	302.67	348.07
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	46	314.41	361.57
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	47	327.62	376.76
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	48	342.71	394.12
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	49	357.58	411.22
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	50	374.36	430.51
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	51	390.92	449.56
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	52	409.16	470.53
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	53	427.60	491.74
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	54	447.51	514.64
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	55	467.43	537.54
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	56	489.01	562.36
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	57	510.81	587.43
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	58	534.08	614.19
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	59	545.61	627.45
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	60	568.88	654.21
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	61	589.00	677.35
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	62	602.20	692.53
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	63	618.76	711.57
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	64	628.61	722.90
14002TN0370003	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	628.61	722.90

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	141.46	141.46
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	21	222.77	256.19
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	22	222.77	256.19
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	23	222.77	256.19
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	24	222.77	256.19
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	25	223.66	257.21
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	26	228.12	262.34
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	27	233.46	268.48
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	28	242.15	278.47
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	29	249.28	286.67
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	30	252.84	290.77
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	31	258.19	296.92
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	32	263.54	303.07
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	33	266.88	306.91
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	34	270.44	311.01
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	35	272.22	313.05
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	36	274.01	315.11
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	37	275.79	317.16
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	38	277.57	319.21
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	39	281.14	323.31
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	40	284.70	327.41
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	41	290.05	333.56
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	42	295.17	339.45

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	43	302.30	347.65
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	44	311.21	357.89
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	45	321.68	369.93
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	46	334.16	384.28
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	47	348.19	400.42
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	48	364.23	418.86
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	49	380.04	437.05
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	50	397.87	457.55
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	51	415.47	477.79
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	52	434.85	500.08
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	53	454.45	522.62
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	54	475.61	546.95
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	55	496.78	571.30
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	56	519.72	597.68
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	57	542.89	624.32
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	58	567.62	652.76
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	59	579.87	666.85
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	60	604.60	695.29
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	61	625.99	719.89
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	62	640.02	736.02
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	63	657.62	756.26
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	64	668.08	768.29
14002TN0370003	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	668.08	768.29

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	143.14	143.14
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	21	225.41	259.22
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	22	225.41	259.22
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	23	225.41	259.22
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	24	225.41	259.22
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	25	226.32	260.27
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	26	230.83	265.45
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	27	236.23	271.66
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	28	245.03	281.78
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	29	252.24	290.08
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	30	255.84	294.22
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	31	261.25	300.44
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	32	266.67	306.67
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	33	270.05	310.56
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	34	273.65	314.70
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	35	275.45	316.77
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	36	277.26	318.85
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	37	279.06	320.92
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	38	280.86	322.99
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	39	284.48	327.15
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	40	288.08	331.29
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	41	293.49	337.51
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	42	298.67	343.47

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	43	305.89	351.77
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	44	314.90	362.14
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	45	325.50	374.33
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	46	338.13	388.85
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	47	352.32	405.17
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	48	368.55	423.83
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	49	384.55	442.23
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	50	402.59	462.98
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	51	420.40	483.46
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	52	440.01	506.01
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	53	459.84	528.82
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	54	481.25	553.44
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	55	502.68	578.08
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	56	525.89	604.77
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	57	549.33	631.73
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	58	574.36	660.51
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	59	586.75	674.76
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	60	611.78	703.55
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	61	633.42	728.43
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	62	647.62	744.76
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	63	665.43	765.24
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	64	676.01	777.41
14002TN0370003	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	676.01	777.41

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	137.19	137.19
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	21	216.05	248.46
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	22	216.05	248.46
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	23	216.05	248.46
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	24	216.05	248.46
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	25	216.92	249.46
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	26	221.24	254.43
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	27	226.42	260.38
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	28	234.85	270.08
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	29	241.76	278.02
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	30	245.21	281.99
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	31	250.40	287.96
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	32	255.59	293.93
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	33	258.83	297.65
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	34	262.28	301.62
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	35	264.01	303.61
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	36	265.75	305.61
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	37	267.47	307.59
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	38	269.20	309.58
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	39	272.66	313.56
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	40	276.11	317.53
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	41	281.30	323.50
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	42	286.27	329.21

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	43	293.18	337.16
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	44	301.82	347.09
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	45	311.98	358.78
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	46	324.08	372.69
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	47	337.69	388.34
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	48	353.24	406.23
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	49	368.58	423.87
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	50	385.87	443.75
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	51	402.94	463.38
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	52	421.74	485.00
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	53	440.74	506.85
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	54	461.27	530.46
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	55	481.80	554.07
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	56	504.05	579.66
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	57	526.52	605.50
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	58	550.50	633.08
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	59	562.38	646.74
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	60	586.37	674.33
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	61	607.11	698.18
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	62	620.72	713.83
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	63	637.79	733.46
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	64	647.94	745.13
14002TN0370003	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	647.94	745.13

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	128.24	128.24
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	21	201.96	232.25
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	22	201.96	232.25
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	23	201.96	232.25
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	24	201.96	232.25
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	25	202.77	233.19
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	26	206.81	237.83
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	27	211.65	243.40
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	28	219.53	252.46
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	29	225.99	259.89
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	30	229.22	263.60
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	31	234.07	269.18
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	32	238.92	274.76
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	33	241.95	278.24
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	34	245.17	281.95
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	35	246.79	283.81
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	36	248.41	285.67
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	37	250.02	287.52
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	38	251.64	289.39
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	39	254.87	293.10
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	40	258.10	296.82
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	41	262.95	302.39
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	42	267.59	307.73

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	43	274.06	315.17
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	44	282.13	324.45
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	45	291.63	335.37
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	46	302.94	348.38
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	47	315.66	363.01
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	48	330.20	379.73
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	49	344.53	396.21
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	50	360.70	414.81
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	51	376.65	433.15
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	52	394.22	453.35
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	53	411.99	473.79
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	54	431.17	495.85
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	55	450.37	517.93
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	56	471.16	541.83
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	57	492.17	566.00
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	58	514.59	591.78
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	59	525.69	604.54
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	60	548.11	630.33
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	61	567.50	652.63
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	62	580.22	667.25
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	63	596.18	685.61
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	64	605.67	696.52
14002TN0370003	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	605.67	696.52

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	143.55	143.55
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	21	226.06	259.97
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	22	226.06	259.97
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	23	226.06	259.97
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	24	226.06	259.97
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	25	226.97	261.02
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	26	231.49	266.21
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	27	236.91	272.45
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	28	245.73	282.59
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	29	252.96	290.90
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	30	256.58	295.07
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	31	262.00	301.30
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	32	267.43	307.54
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	33	270.83	311.45
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	34	274.44	315.61
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	35	276.24	317.68
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	36	278.06	319.77
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	37	279.87	321.85
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	38	281.67	323.92
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	39	285.29	328.08
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	40	288.91	332.25
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	41	294.33	338.48
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	42	299.53	344.46

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	43	306.77	352.79
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	44	315.81	363.18
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	45	326.44	375.41
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	46	339.10	389.97
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	47	353.34	406.34
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	48	369.61	425.05
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	49	385.66	443.51
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	50	403.75	464.31
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	51	421.61	484.85
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	52	441.28	507.47
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	53	461.16	530.33
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	54	482.64	555.04
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	55	504.12	579.74
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	56	527.40	606.51
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	57	550.91	633.55
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	58	576.01	662.41
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	59	588.44	676.71
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	60	613.54	705.57
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	61	635.24	730.53
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	62	649.48	746.90
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	63	667.34	767.44
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	64	677.96	779.65
14002TN0370003	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	677.96	779.65

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	144.20	144.20
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	21	227.09	261.15
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	22	227.09	261.15
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	23	227.09	261.15
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	24	227.09	261.15
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	25	228.00	262.20
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	26	232.54	267.42
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	27	237.98	273.68
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	28	246.85	283.88
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	29	254.11	292.23
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	30	257.74	296.40
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	31	263.19	302.67
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	32	268.65	308.95
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	33	272.06	312.87
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	34	275.68	317.03
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	35	277.50	319.13
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	36	279.32	321.22
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	37	281.14	323.31
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	38	282.95	325.39
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	39	286.59	329.58
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	40	290.22	333.75
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	41	295.67	340.02
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	42	300.89	346.02

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	43	308.16	354.38
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	44	317.24	364.83
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	45	327.92	377.11
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	46	340.64	391.74
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	47	354.94	408.18
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	48	371.29	426.98
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	49	387.41	445.52
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	50	405.58	466.42
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	51	423.53	487.06
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	52	443.28	509.77
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	53	463.26	532.75
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	54	484.83	557.55
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	55	506.41	582.37
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	56	529.80	609.27
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	57	553.41	636.42
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	58	578.62	665.41
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	59	591.11	679.78
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	60	616.32	708.77
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	61	638.13	733.85
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	62	652.43	750.29
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	63	670.37	770.93
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	64	681.04	783.20
14002TN0370014	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	681.04	783.20

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	147.35	147.35
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	21	232.05	266.86
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	22	232.05	266.86
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	23	232.05	266.86
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	24	232.05	266.86
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	25	232.98	267.93
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	26	237.62	273.26
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	27	243.19	279.67
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	28	252.24	290.08
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	29	259.67	298.62
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	30	263.37	302.88
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	31	268.95	309.29
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	32	274.52	315.70
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	33	278.00	319.70
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	34	281.71	323.97
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	35	283.56	326.09
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	36	285.43	328.24
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	37	287.28	330.37
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	38	289.14	332.51
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	39	292.85	336.78
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	40	296.56	341.04
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	41	302.13	347.45
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	42	307.47	353.59

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	43	314.90	362.14
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	44	324.18	372.81
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	45	335.08	385.34
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	46	348.08	400.29
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	47	362.70	417.11
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	48	379.41	436.32
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	49	395.88	455.26
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	50	414.45	476.62
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	51	432.78	497.70
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	52	452.97	520.92
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	53	473.38	544.39
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	54	495.43	569.74
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	55	517.48	595.10
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	56	541.38	622.59
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	57	565.51	650.34
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	58	591.27	679.96
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	59	604.03	694.63
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	60	629.79	724.26
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	61	652.07	749.88
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	62	666.69	766.69
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	63	685.02	787.77
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	64	695.92	800.31
14002TN0370014	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	695.92	800.31

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	155.27	155.27
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	21	244.52	281.20
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	22	244.52	281.20
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	23	244.52	281.20
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	24	244.52	281.20
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	25	245.50	282.33
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	26	250.39	287.95
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	27	256.25	294.69
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	28	265.79	305.66
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	29	273.62	314.66
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	30	277.52	319.15
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	31	283.39	325.90
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	32	289.27	332.66
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	33	292.94	336.88
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	34	296.84	341.37
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	35	298.80	343.62
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	36	300.76	345.87
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	37	302.71	348.12
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	38	304.67	350.37
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	39	308.59	354.88
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	40	312.49	359.36
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	41	318.36	366.11
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	42	323.99	372.59

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	43	331.81	381.58
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	44	341.59	392.83
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	45	353.08	406.04
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	46	366.78	421.80
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	47	382.18	439.51
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	48	399.79	459.76
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	49	417.14	479.71
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	50	436.71	502.22
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	51	456.03	524.43
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	52	477.30	548.90
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	53	498.81	573.63
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	54	522.04	600.35
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	55	545.28	627.07
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	56	570.46	656.03
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	57	595.89	685.27
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	58	623.03	716.48
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	59	636.48	731.95
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	60	663.62	763.16
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	61	687.10	790.17
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	62	702.50	807.88
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	63	721.82	830.09
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	64	733.30	843.30
14002TN0370014	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	733.30	843.30

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	158.34	158.34
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	21	249.35	286.75
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	22	249.35	286.75
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	23	249.35	286.75
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	24	249.35	286.75
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	25	250.35	287.90
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	26	255.34	293.64
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	27	261.31	300.51
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	28	271.04	311.70
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	29	279.02	320.87
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	30	283.01	325.46
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	31	288.99	332.34
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	32	294.98	339.23
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	33	298.72	343.53
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	34	302.71	348.12
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	35	304.70	350.41
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	36	306.70	352.71
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	37	308.69	354.99
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	38	310.69	357.29
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	39	314.68	361.88
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	40	318.67	366.47
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	41	324.65	373.35
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	42	330.39	379.95

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	43	338.37	389.13
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	44	348.34	400.59
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	45	360.06	414.07
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	46	374.03	430.13
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	47	389.73	448.19
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	48	407.69	468.84
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	49	425.38	489.19
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	50	445.34	512.14
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	51	465.04	534.80
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	52	486.73	559.74
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	53	508.67	584.97
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	54	532.35	612.20
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	55	556.05	639.46
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	56	581.73	668.99
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	57	607.66	698.81
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	58	635.34	730.64
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	59	649.05	746.41
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	60	676.73	778.24
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	61	700.67	805.77
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	62	716.38	823.84
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	63	736.08	846.49
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	64	747.79	859.96
14002TN0370014	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	747.79	859.96

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	163.39	163.39
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	21	257.31	295.91
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	22	257.31	295.91
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	23	257.31	295.91
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	24	257.31	295.91
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	25	258.35	297.10
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	26	263.49	303.01
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	27	269.66	310.11
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	28	279.70	321.66
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	29	287.93	331.12
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	30	292.05	335.86
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	31	298.22	342.95
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	32	304.40	350.06
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	33	308.26	354.50
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	34	312.38	359.24
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	35	314.43	361.59
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	36	316.50	363.98
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	37	318.55	366.33
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	38	320.61	368.70
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	39	324.73	373.44
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	40	328.84	378.17
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	41	335.02	385.27
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	42	340.94	392.08

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	43	349.18	401.56
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	44	359.47	413.39
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	45	371.56	427.29
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	46	385.98	443.88
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	47	402.18	462.51
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	48	420.71	483.82
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	49	438.97	504.82
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	50	459.56	528.49
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	51	479.89	551.87
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	52	502.28	577.62
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	53	524.92	603.66
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	54	549.36	631.76
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	55	573.81	659.88
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	56	600.31	690.36
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	57	627.07	721.13
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	58	655.63	753.97
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	59	669.79	770.26
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	60	698.35	803.10
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	61	723.05	831.51
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	62	739.26	850.15
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	63	759.59	873.53
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	64	771.68	887.43
14002TN0370014	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	771.68	887.43

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	166.57	166.57
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	21	262.31	301.66
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	22	262.31	301.66
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	23	262.31	301.66
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	24	262.31	301.66
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	25	263.37	302.88
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	26	268.61	308.90
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	27	274.90	316.14
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	28	285.14	327.91
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	29	293.53	337.56
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	30	297.72	342.38
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	31	304.02	349.62
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	32	310.32	356.87
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	33	314.26	361.40
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	34	318.45	366.22
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	35	320.54	368.62
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	36	322.65	371.05
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	37	324.75	373.46
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	38	326.84	375.87
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	39	331.04	380.70
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	40	335.24	385.53
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	41	341.53	392.76
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	42	347.57	399.71

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	43	355.96	409.35
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	44	366.45	421.42
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	45	378.78	435.60
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	46	393.48	452.50
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	47	410.00	471.50
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	48	428.88	493.21
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	49	447.50	514.63
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	50	468.49	538.76
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	51	489.22	562.60
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	52	512.04	588.85
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	53	535.12	615.39
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	54	560.03	644.03
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	55	584.96	672.70
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	56	611.98	703.78
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	57	639.26	735.15
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	58	668.38	768.64
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	59	682.80	785.22
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	60	711.92	818.71
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	61	737.11	847.68
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	62	753.63	866.67
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	63	774.36	890.51
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	64	786.67	904.67
14002TN0370014	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	786.67	904.67

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	146.33	146.33
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	21	230.44	265.01
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	22	230.44	265.01
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	23	230.44	265.01
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	24	230.44	265.01
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	25	231.37	266.08
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	26	235.98	271.38
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	27	241.50	277.73
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	28	250.49	288.06
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	29	257.87	296.55
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	30	261.55	300.78
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	31	267.08	307.14
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	32	272.62	313.51
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	33	276.07	317.48
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	34	279.76	321.72
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	35	281.60	323.84
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	36	283.45	325.97
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	37	285.29	328.08
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	38	287.13	330.20
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	39	290.82	334.44
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	40	294.51	338.69
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	41	300.04	345.05
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	42	305.34	351.14

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	43	312.71	359.62
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	44	321.93	370.22
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	45	332.76	382.67
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	46	345.67	397.52
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	47	360.19	414.22
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	48	376.78	433.30
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	49	393.13	452.10
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	50	411.57	473.31
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	51	429.78	494.25
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	52	449.83	517.30
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	53	470.10	540.62
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	54	491.99	565.79
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	55	513.89	590.97
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	56	537.62	618.26
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	57	561.59	645.83
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	58	587.17	675.25
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	59	599.85	689.83
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	60	625.43	719.24
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	61	647.55	744.68
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	62	662.07	761.38
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	63	680.27	782.31
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	64	691.10	794.77
14002TN0370014	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	691.10	794.77

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	160.68	160.68
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	21	253.03	290.98
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	22	253.03	290.98
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	23	253.03	290.98
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	24	253.03	290.98
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	25	254.05	292.16
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	26	259.11	297.98
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	27	265.17	304.95
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	28	275.05	316.31
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	29	283.14	325.61
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	30	287.19	330.27
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	31	293.26	337.25
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	32	299.34	344.24
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	33	303.14	348.61
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	34	307.18	353.26
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	35	309.20	355.58
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	36	311.23	357.91
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	37	313.26	360.25
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	38	315.28	362.57
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	39	319.33	367.23
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	40	323.37	371.88
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	41	329.45	378.87
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	42	335.27	385.56

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	43	343.37	394.88
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	44	353.49	406.51
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	45	365.38	420.19
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	46	379.56	436.49
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	47	395.49	454.81
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	48	413.71	475.77
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	49	431.67	496.42
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	50	451.92	519.71
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	51	471.91	542.70
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	52	493.93	568.02
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	53	516.18	593.61
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	54	540.22	621.25
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	55	564.27	648.91
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	56	590.32	678.87
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	57	616.64	709.14
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	58	644.73	741.44
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	59	658.64	757.44
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	60	686.73	789.74
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	61	711.03	817.68
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	62	726.97	836.02
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	63	746.96	859.00
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	64	758.84	872.67
14002TN0370014	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	758.84	872.67

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	116.88	116.88
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	21	184.06	211.67
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	22	184.06	211.67
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	23	184.06	211.67
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	24	184.06	211.67
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	25	184.80	212.52
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	26	188.47	216.74
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	27	192.89	221.82
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	28	200.07	230.08
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	29	205.96	236.85
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	30	208.90	240.24
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	31	213.32	245.32
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	32	217.74	250.40
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	33	220.50	253.58
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	34	223.44	256.96
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	35	224.92	258.66
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	36	226.39	260.35
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	37	227.86	262.04
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	38	229.34	263.74
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	39	232.28	267.12
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	40	235.22	270.50
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	41	239.64	275.59
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	42	243.87	280.45

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	43	249.77	287.24
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	44	257.13	295.70
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	45	265.77	305.64
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	46	276.08	317.49
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	47	287.68	330.83
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	48	300.93	346.07
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	49	314.00	361.10
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	50	328.73	378.04
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	51	343.26	394.75
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	52	359.28	413.17
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	53	375.48	431.80
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	54	392.96	451.90
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	55	410.44	472.01
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	56	429.41	493.82
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	57	448.54	515.82
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	58	468.97	539.32
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	59	479.09	550.95
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	60	499.52	574.45
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	61	517.20	594.78
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	62	528.79	608.11
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	63	543.34	624.84
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	64	551.99	634.79
14002TN0370004	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	551.99	634.79

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	109.86	109.86
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	21	173.00	198.95
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	22	173.00	198.95
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	23	173.00	198.95
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	24	173.00	198.95
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	25	173.70	199.76
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	26	177.16	203.73
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	27	181.31	208.51
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	28	188.06	216.27
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	29	193.59	222.63
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	30	196.36	225.81
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	31	200.51	230.59
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	32	204.66	235.36
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	33	207.26	238.35
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	34	210.03	241.53
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	35	211.41	243.12
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	36	212.80	244.72
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	37	214.18	246.31
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	38	215.57	247.91
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	39	218.34	251.09
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	40	221.10	254.27
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	41	225.25	259.04
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	42	229.23	263.61

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	43	234.77	269.99
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	44	241.69	277.94
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	45	249.82	287.29
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	46	259.51	298.44
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	47	270.41	310.97
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	48	282.86	325.29
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	49	295.15	339.42
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	50	308.99	355.34
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	51	322.65	371.05
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	52	337.71	388.37
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	53	352.93	405.87
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	54	369.37	424.78
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	55	385.80	443.67
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	56	403.62	464.16
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	57	421.61	484.85
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	58	440.81	506.93
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	59	450.33	517.88
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	60	469.53	539.96
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	61	486.15	559.07
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	62	497.04	571.60
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	63	510.71	587.32
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	64	518.85	596.68
14002TN0370004	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	518.85	596.68

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	113.23	113.23
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	21	178.31	205.06
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	22	178.31	205.06
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	23	178.31	205.06
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	24	178.31	205.06
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	25	179.03	205.88
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	26	182.59	209.98
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	27	186.87	214.90
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	28	193.83	222.90
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	29	199.53	229.46
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	30	202.39	232.75
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	31	206.66	237.66
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	32	210.94	242.58
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	33	213.62	245.66
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	34	216.47	248.94
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	35	217.90	250.59
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	36	219.32	252.22
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	37	220.75	253.86
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	38	222.18	255.51
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	39	225.04	258.80
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	40	227.88	262.06
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	41	232.16	266.98
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	42	236.26	271.70

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	43	241.97	278.27
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	44	249.11	286.48
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	45	257.48	296.10
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	46	267.47	307.59
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	47	278.71	320.52
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	48	291.54	335.27
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	49	304.20	349.83
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	50	318.47	366.24
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	51	332.55	382.43
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	52	348.07	400.28
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	53	363.76	418.32
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	54	380.70	437.81
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	55	397.64	457.29
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	56	416.01	478.41
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	57	434.55	499.73
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	58	454.34	522.49
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	59	464.15	533.77
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	60	483.94	556.53
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	61	501.06	576.22
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	62	512.29	589.13
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	63	526.38	605.34
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	64	534.77	614.99
14002TN0370004	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	534.77	614.99

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	120.34	120.34
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	21	189.51	217.94
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	22	189.51	217.94
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	23	189.51	217.94
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	24	189.51	217.94
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	25	190.27	218.81
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	26	194.06	223.17
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	27	198.61	228.40
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	28	206.00	236.90
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	29	212.06	243.87
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	30	215.10	247.37
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	31	219.64	252.59
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	32	224.19	257.82
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	33	227.04	261.10
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	34	230.06	264.57
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	35	231.59	266.33
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	36	233.10	268.07
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	37	234.61	269.80
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	38	236.13	271.55
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	39	239.17	275.05
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	40	242.19	278.52
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	41	246.74	283.75
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	42	251.10	288.77

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	43	257.17	295.75
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	44	264.75	304.46
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	45	273.65	314.70
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	46	284.27	326.91
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	47	296.21	340.64
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	48	309.85	356.33
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	49	323.31	371.81
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	50	338.47	389.24
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	51	353.44	406.46
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	52	369.93	425.42
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	53	386.60	444.59
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	54	404.61	465.30
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	55	422.61	486.00
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	56	442.13	508.45
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	57	461.83	531.10
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	58	482.87	555.30
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	59	493.29	567.28
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	60	514.33	591.48
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	61	532.53	612.41
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	62	544.46	626.13
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	63	559.44	643.36
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	64	568.35	653.60
14002TN0370004	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	568.35	653.60

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	121.77	121.77
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	21	191.76	220.52
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	22	191.76	220.52
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	23	191.76	220.52
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	24	191.76	220.52
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	25	192.53	221.41
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	26	196.36	225.81
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	27	200.96	231.10
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	28	208.45	239.72
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	29	214.58	246.77
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	30	217.65	250.30
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	31	222.25	255.59
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	32	226.85	260.88
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	33	229.73	264.19
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	34	232.79	267.71
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	35	234.33	269.48
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	36	235.87	271.25
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	37	237.40	273.01
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	38	238.94	274.78
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	39	242.01	278.31
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	40	245.07	281.83
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	41	249.67	287.12
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	42	254.08	292.19

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	43	260.22	299.25
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	44	267.89	308.07
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	45	276.90	318.44
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	46	287.64	330.79
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	47	299.73	344.69
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	48	313.53	360.56
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	49	327.14	376.21
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	50	342.49	393.86
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	51	357.63	411.27
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	52	374.32	430.47
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	53	391.19	449.87
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	54	409.41	470.82
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	55	427.63	491.77
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	56	447.38	514.49
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	57	467.32	537.42
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	58	488.60	561.89
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	59	499.15	574.02
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	60	520.44	598.51
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	61	538.85	619.68
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	62	550.92	633.56
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	63	566.08	650.99
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	64	575.09	661.35
14002TN0370004	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	575.09	661.35

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	116.71	116.71
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	21	183.80	211.37
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	22	183.80	211.37
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	23	183.80	211.37
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	24	183.80	211.37
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	25	184.53	212.21
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	26	188.21	216.44
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	27	192.62	221.51
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	28	199.79	229.76
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	29	205.67	236.52
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	30	208.61	239.90
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	31	213.02	244.97
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	32	217.43	250.04
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	33	220.19	253.22
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	34	223.13	256.60
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	35	224.60	258.29
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	36	226.07	259.98
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	37	227.54	261.67
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	38	229.01	263.36
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	39	231.95	266.74
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	40	234.89	270.12
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	41	239.30	275.20
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	42	243.53	280.06

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	43	249.41	286.82
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	44	256.77	295.29
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	45	265.40	305.21
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	46	275.69	317.04
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	47	287.28	330.37
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	48	300.51	345.59
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	49	313.56	360.59
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	50	328.26	377.50
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	51	342.78	394.20
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	52	358.77	412.59
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	53	374.94	431.18
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	54	392.40	451.26
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	55	409.86	471.34
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	56	428.80	493.12
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	57	447.91	515.10
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	58	468.31	538.56
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	59	478.42	550.18
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	60	498.82	573.64
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	61	516.47	593.94
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	62	528.04	607.25
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	63	542.57	623.96
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	64	551.21	633.89
14002TN0370004	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	551.21	633.89

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	109.10	109.10
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	21	171.81	197.58
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	22	171.81	197.58
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	23	171.81	197.58
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	24	171.81	197.58
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	25	172.50	198.38
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	26	175.93	202.32
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	27	180.05	207.06
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	28	186.76	214.77
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	29	192.25	221.09
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	30	195.00	224.25
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	31	199.12	228.99
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	32	203.24	233.73
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	33	205.83	236.70
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	34	208.57	239.86
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	35	209.95	241.44
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	36	211.32	243.02
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	37	212.69	244.59
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	38	214.07	246.18
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	39	216.82	249.34
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	40	219.56	252.49
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	41	223.69	257.24
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	42	227.64	261.79

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	43	233.14	268.11
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	44	240.02	276.02
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	45	248.08	285.29
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	46	257.71	296.37
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	47	268.54	308.82
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	48	280.90	323.04
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	49	293.10	337.07
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	50	306.85	352.88
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	51	320.42	368.48
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	52	335.37	385.68
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	53	350.48	403.05
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	54	366.81	421.83
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	55	383.13	440.60
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	56	400.83	460.95
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	57	418.69	481.49
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	58	437.76	503.42
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	59	447.21	514.29
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	60	466.28	536.22
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	61	482.78	555.20
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	62	493.59	567.63
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	63	507.17	583.25
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	64	515.25	592.54
14002TN0370004	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	515.25	592.54

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	122.12	122.12
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	21	192.31	221.16
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	22	192.31	221.16
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	23	192.31	221.16
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	24	192.31	221.16
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	25	193.08	222.04
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	26	196.93	226.47
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	27	201.54	231.77
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	28	209.05	240.41
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	29	215.19	247.47
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	30	218.27	251.01
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	31	222.89	256.32
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	32	227.50	261.63
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	33	230.39	264.95
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	34	233.46	268.48
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	35	235.01	270.26
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	36	236.54	272.02
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	37	238.08	273.79
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	38	239.62	275.56
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	39	242.70	279.11
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	40	245.77	282.64
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	41	250.39	287.95
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	42	254.81	293.03

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	43	260.97	300.12
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	44	268.66	308.96
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	45	277.69	319.34
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	46	288.47	331.74
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	47	300.59	345.68
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	48	314.43	361.59
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	49	328.08	377.29
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	50	343.47	394.99
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	51	358.66	412.46
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	52	375.40	431.71
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	53	392.32	451.17
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	54	410.59	472.18
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	55	428.85	493.18
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	56	448.67	515.97
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	57	468.66	538.96
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	58	490.01	563.51
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	59	500.58	575.67
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	60	521.93	600.22
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	61	540.40	621.46
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	62	552.51	635.39
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	63	567.71	652.87
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	64	576.75	663.26
14002TN0370004	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	576.75	663.26

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	122.67	122.67
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	21	193.19	222.17
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	22	193.19	222.17
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	23	193.19	222.17
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	24	193.19	222.17
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	25	193.96	223.05
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	26	197.82	227.49
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	27	202.46	232.83
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	28	210.00	241.50
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	29	216.17	248.60
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	30	219.27	252.16
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	31	223.90	257.49
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	32	228.54	262.82
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	33	231.44	266.16
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	34	234.52	269.70
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	35	236.08	271.49
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	36	237.62	273.26
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	37	239.16	275.03
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	38	240.71	276.82
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	39	243.81	280.38
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	40	246.89	283.92
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	41	251.52	289.25
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	42	255.97	294.37

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	43	262.16	301.48
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	44	269.89	310.37
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	45	278.96	320.80
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	46	289.78	333.25
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	47	301.95	347.24
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	48	315.86	363.24
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	49	329.58	379.02
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	50	345.03	396.78
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	51	360.29	414.33
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	52	377.10	433.67
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	53	394.10	453.22
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	54	412.45	474.32
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	55	430.80	495.42
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	56	450.71	518.32
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	57	470.79	541.41
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	58	492.23	566.06
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	59	502.86	578.29
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	60	524.30	602.95
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	61	542.85	624.28
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	62	555.02	638.27
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	63	570.29	655.83
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	64	579.37	666.28
14002TN0370018	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	579.37	666.28

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	125.35	125.35
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	21	197.41	227.02
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	22	197.41	227.02
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	23	197.41	227.02
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	24	197.41	227.02
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	25	198.20	227.93
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	26	202.14	232.46
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	27	206.88	237.91
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	28	214.59	246.78
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	29	220.90	254.04
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	30	224.06	257.67
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	31	228.79	263.11
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	32	233.53	268.56
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	33	236.50	271.98
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	34	239.65	275.60
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	35	241.24	277.43
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	36	242.81	279.23
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	37	244.39	281.05
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	38	245.97	282.87
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	39	249.13	286.50
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	40	252.28	290.12
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	41	257.02	295.57
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	42	261.56	300.79

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	43	267.89	308.07
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	44	275.78	317.15
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	45	285.05	327.81
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	46	296.11	340.53
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	47	308.55	354.83
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	48	322.76	371.17
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	49	336.78	387.30
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	50	352.57	405.46
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	51	368.16	423.38
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	52	385.34	443.14
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	53	402.71	463.12
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	54	421.47	484.69
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	55	440.22	506.25
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	56	460.56	529.64
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	57	481.08	553.24
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	58	502.99	578.44
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	59	513.85	590.93
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	60	535.76	616.12
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	61	554.72	637.93
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	62	567.15	652.22
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	63	582.75	670.16
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	64	592.03	680.83
14002TN0370018	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	592.03	680.83

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	132.09	132.09
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	21	208.01	239.21
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	22	208.01	239.21
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	23	208.01	239.21
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	24	208.01	239.21
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	25	208.85	240.18
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	26	213.00	244.95
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	27	217.99	250.69
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	28	226.11	260.03
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	29	232.76	267.67
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	30	236.09	271.50
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	31	241.08	277.24
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	32	246.08	282.99
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	33	249.20	286.58
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	34	252.52	290.40
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	35	254.19	292.32
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	36	255.85	294.23
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	37	257.51	296.14
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	38	259.18	298.06
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	39	262.52	301.90
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	40	265.84	305.72
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	41	270.83	311.45
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	42	275.61	316.95

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	43	282.28	324.62
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	44	290.60	334.19
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	45	300.36	345.41
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	46	312.02	358.82
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	47	325.13	373.90
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	48	340.10	391.12
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	49	354.87	408.10
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	50	371.51	427.24
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	51	387.94	446.13
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	52	406.04	466.95
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	53	424.35	488.00
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	54	444.11	510.73
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	55	463.87	533.45
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	56	485.30	558.10
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	57	506.92	582.96
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	58	530.01	609.51
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	59	541.45	622.67
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	60	564.54	649.22
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	61	584.52	672.20
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	62	597.61	687.25
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	63	614.05	706.16
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	64	623.83	717.40
14002TN0370018	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	623.83	717.40

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	134.70	134.70
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	21	212.12	243.94
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	22	212.12	243.94
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	23	212.12	243.94
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	24	212.12	243.94
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	25	212.97	244.92
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	26	217.21	249.79
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	27	222.30	255.65
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	28	230.58	265.17
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	29	237.36	272.96
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	30	240.76	276.87
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	31	245.85	282.73
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	32	250.94	288.58
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	33	254.13	292.25
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	34	257.51	296.14
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	35	259.22	298.10
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	36	260.91	300.05
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	37	262.60	301.99
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	38	264.31	303.96
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	39	267.70	307.86
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	40	271.09	311.75
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	41	276.18	317.61
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	42	281.06	323.22

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	43	287.85	331.03
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	44	296.34	340.79
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	45	306.30	352.25
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	46	318.18	365.91
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	47	331.55	381.28
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	48	346.82	398.84
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	49	361.88	416.16
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	50	378.85	435.68
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	51	395.61	454.95
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	52	414.06	476.17
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	53	432.73	497.64
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	54	452.88	520.81
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	55	473.03	543.98
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	56	494.89	569.12
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	57	516.94	594.48
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	58	540.48	621.55
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	59	552.15	634.97
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	60	575.69	662.04
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	61	596.06	685.47
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	62	609.42	700.83
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	63	626.19	720.12
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	64	636.16	731.58
14002TN0370018	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	636.16	731.58

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	139.00	139.00
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	21	218.90	251.74
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	22	218.90	251.74
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	23	218.90	251.74
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	24	218.90	251.74
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	25	219.78	252.75
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	26	224.15	257.77
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	27	229.40	263.81
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	28	237.94	273.63
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	29	244.94	281.68
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	30	248.45	285.72
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	31	253.70	291.76
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	32	258.95	297.79
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	33	262.24	301.58
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	34	265.74	305.60
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	35	267.50	307.63
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	36	269.24	309.63
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	37	270.99	311.64
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	38	272.75	313.66
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	39	276.25	317.69
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	40	279.75	321.71
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	41	285.00	327.75
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	42	290.04	333.55

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	43	297.05	341.61
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	44	305.80	351.67
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	45	316.08	363.49
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	46	328.35	377.60
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	47	342.14	393.46
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	48	357.90	411.59
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	49	373.44	429.46
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	50	390.95	449.59
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	51	408.24	469.48
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	52	427.29	491.38
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	53	446.55	513.53
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	54	467.35	537.45
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	55	488.14	561.36
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	56	510.69	587.29
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	57	533.45	613.47
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	58	557.75	641.41
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	59	569.78	655.25
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	60	594.08	683.19
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	61	615.10	707.37
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	62	628.89	723.22
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	63	646.19	743.12
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	64	656.48	754.95
14002TN0370018	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	656.48	754.95

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	141.70	141.70
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	21	223.15	256.62
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	22	223.15	256.62
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	23	223.15	256.62
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	24	223.15	256.62
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	25	224.05	257.66
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	26	228.51	262.79
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	27	233.86	268.94
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	28	242.57	278.96
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	29	249.70	287.16
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	30	253.28	291.27
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	31	258.63	297.42
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	32	263.99	303.59
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	33	267.34	307.44
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	34	270.90	311.54
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	35	272.69	313.59
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	36	274.48	315.65
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	37	276.26	317.70
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	38	278.05	319.76
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	39	281.62	323.86
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	40	285.18	327.96
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	41	290.54	334.12
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	42	295.67	340.02

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	43	302.82	348.24
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	44	311.75	358.51
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	45	322.23	370.56
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	46	334.73	384.94
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	47	348.79	401.11
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	48	364.85	419.58
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	49	380.70	437.81
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	50	398.55	458.33
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	51	416.18	478.61
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	52	435.59	500.93
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	53	455.23	523.51
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	54	476.43	547.89
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	55	497.63	572.27
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	56	520.62	598.71
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	57	543.81	625.38
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	58	568.59	653.88
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	59	580.86	667.99
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	60	605.63	696.47
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	61	627.06	721.12
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	62	641.11	737.28
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	63	658.75	757.56
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	64	669.24	769.63
14002TN0370018	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	669.24	769.63

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	124.49	124.49
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	21	196.04	225.45
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	22	196.04	225.45
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	23	196.04	225.45
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	24	196.04	225.45
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	25	196.83	226.35
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	26	200.74	230.85
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	27	205.45	236.27
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	28	213.10	245.07
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	29	219.37	252.28
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	30	222.51	255.89
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	31	227.21	261.29
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	32	231.91	266.70
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	33	234.86	270.09
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	34	237.99	273.69
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	35	239.56	275.49
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	36	241.13	277.30
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	37	242.69	279.09
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	38	244.27	280.91
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	39	247.41	284.52
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	40	250.53	288.11
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	41	255.24	293.53
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	42	259.75	298.71

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	43	266.03	305.93
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	44	273.87	314.95
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	45	283.08	325.54
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	46	294.06	338.17
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	47	306.41	352.37
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	48	320.52	368.60
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	49	334.44	384.61
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	50	350.13	402.65
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	51	365.61	420.45
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	52	382.67	440.07
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	53	399.92	459.91
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	54	418.54	481.32
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	55	437.17	502.75
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	56	457.36	525.96
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	57	477.74	549.40
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	58	499.51	574.44
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	59	510.29	586.83
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	60	532.05	611.86
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	61	550.87	633.50
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	62	563.22	647.70
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	63	578.71	665.52
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	64	587.93	676.12
14002TN0370018	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	587.93	676.12

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	136.69	136.69
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	21	215.26	247.55
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	22	215.26	247.55
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	23	215.26	247.55
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	24	215.26	247.55
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	25	216.12	248.54
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	26	220.42	253.48
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	27	225.59	259.43
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	28	233.99	269.09
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	29	240.87	277.00
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	30	244.32	280.97
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	31	249.48	286.90
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	32	254.65	292.85
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	33	257.88	296.56
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	34	261.32	300.52
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	35	263.05	302.51
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	36	264.76	304.47
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	37	266.48	306.45
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	38	268.21	308.44
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	39	271.66	312.41
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	40	275.09	316.35
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	41	280.26	322.30
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	42	285.21	327.99

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	43	292.11	335.93
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	44	300.72	345.83
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	45	310.83	357.45
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	46	322.88	371.31
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	47	336.45	386.92
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	48	351.94	404.73
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	49	367.23	422.31
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	50	384.45	442.12
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	51	401.45	461.67
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	52	420.18	483.21
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	53	439.12	504.99
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	54	459.57	528.51
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	55	480.02	552.02
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	56	502.20	577.53
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	57	524.57	603.26
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	58	548.47	630.74
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	59	560.31	644.36
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	60	584.20	671.83
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	61	604.87	695.60
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	62	618.43	711.19
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	63	635.44	730.76
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	64	645.56	742.39
14002TN0370018	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	645.56	742.39

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	130.09	130.09
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	21	204.87	235.60
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	22	204.87	235.60
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	23	204.87	235.60
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	24	204.87	235.60
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	25	205.69	236.54
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	26	209.78	241.25
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	27	214.70	246.91
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	28	222.69	256.09
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	29	229.25	263.64
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	30	232.52	267.40
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	31	237.44	273.06
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	32	242.35	278.70
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	33	245.43	282.24
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	34	248.71	286.02
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	35	250.35	287.90
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	36	251.99	289.79
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	37	253.62	291.66
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	38	255.26	293.55
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	39	258.54	297.32
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	40	261.82	301.09
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	41	266.74	306.75
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	42	271.45	312.17

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	43	278.00	319.70
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	44	286.19	329.12
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	45	295.83	340.20
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	46	307.31	353.41
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	47	320.20	368.23
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	48	334.96	385.20
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	49	349.51	401.94
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	50	365.89	420.77
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	51	382.08	439.39
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	52	399.90	459.89
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	53	417.93	480.62
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	54	437.39	503.00
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	55	456.85	525.38
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	56	477.95	549.64
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	57	499.26	574.15
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	58	522.00	600.30
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	59	533.27	613.26
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	60	556.01	639.41
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	61	575.68	662.03
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	62	588.59	676.88
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	63	604.77	695.49
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	64	614.39	706.55
14002TN0370005	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	614.39	706.55

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	122.28	122.28
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	21	192.57	221.46
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	22	192.57	221.46
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	23	192.57	221.46
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	24	192.57	221.46
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	25	193.34	222.34
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	26	197.19	226.77
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	27	201.81	232.08
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	28	209.32	240.72
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	29	215.48	247.80
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	30	218.56	251.34
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	31	223.18	256.66
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	32	227.80	261.97
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	33	230.70	265.31
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	34	233.78	268.85
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	35	235.32	270.62
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	36	236.86	272.39
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	37	238.40	274.16
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	38	239.94	275.93
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	39	243.02	279.47
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	40	246.10	283.02
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	41	250.73	288.34
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	42	255.15	293.42

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	43	261.31	300.51
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	44	269.01	309.36
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	45	278.06	319.77
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	46	288.85	332.18
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	47	300.98	346.13
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	48	314.85	362.08
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	49	328.52	377.80
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	50	343.92	395.51
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	51	359.14	413.01
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	52	375.89	432.27
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	53	392.83	451.75
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	54	411.13	472.80
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	55	429.42	493.83
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	56	449.26	516.65
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	57	469.29	539.68
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	58	490.66	564.26
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	59	501.26	576.45
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	60	522.63	601.02
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	61	541.11	622.28
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	62	553.25	636.24
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	63	568.46	653.73
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	64	577.50	664.13
14002TN0370005	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	577.50	664.13

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	126.04	126.04
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	21	198.48	228.25
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	22	198.48	228.25
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	23	198.48	228.25
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	24	198.48	228.25
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	25	199.27	229.16
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	26	203.24	233.73
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	27	208.00	239.20
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	28	215.74	248.10
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	29	222.09	255.40
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	30	225.27	259.06
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	31	230.03	264.53
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	32	234.79	270.01
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	33	237.77	273.44
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	34	240.95	277.09
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	35	242.54	278.92
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	36	244.12	280.74
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	37	245.71	282.57
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	38	247.30	284.40
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	39	250.47	288.04
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	40	253.65	291.70
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	41	258.42	297.18
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	42	262.98	302.43

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	43	269.33	309.73
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	44	277.27	318.86
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	45	286.60	329.59
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	46	297.72	342.38
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	47	310.21	356.74
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	48	324.51	373.19
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	49	338.60	389.39
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	50	354.48	407.65
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	51	370.16	425.68
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	52	387.43	445.54
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	53	404.89	465.62
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	54	423.74	487.30
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	55	442.60	508.99
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	56	463.04	532.50
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	57	483.69	556.24
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	58	505.72	581.58
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	59	516.64	594.14
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	60	538.67	619.47
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	61	557.72	641.38
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	62	570.22	655.75
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	63	585.90	673.79
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	64	595.22	684.50
14002TN0370005	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	595.22	684.50

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	133.95	133.95
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	21	210.94	242.58
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	22	210.94	242.58
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	23	210.94	242.58
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	24	210.94	242.58
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	25	211.78	243.55
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	26	216.00	248.40
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	27	221.06	254.22
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	28	229.29	263.68
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	29	236.04	271.45
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	30	239.41	275.32
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	31	244.48	281.15
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	32	249.54	286.97
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	33	252.71	290.62
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	34	256.08	294.49
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	35	257.77	296.44
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	36	259.45	298.37
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	37	261.14	300.31
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	38	262.83	302.25
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	39	266.20	306.13
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	40	269.58	310.02
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	41	274.65	315.85
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	42	279.49	321.41

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	43	286.24	329.18
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	44	294.68	338.88
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	45	304.59	350.28
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	46	316.41	363.87
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	47	329.70	379.16
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	48	344.89	396.62
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	49	359.87	413.85
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	50	376.74	433.25
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	51	393.40	452.41
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	52	411.76	473.52
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	53	430.31	494.86
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	54	450.35	517.90
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	55	470.39	540.95
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	56	492.12	565.94
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	57	514.06	591.17
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	58	537.48	618.10
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	59	549.08	631.44
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	60	572.49	658.36
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	61	592.74	681.65
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	62	606.03	696.93
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	63	622.70	716.11
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	64	632.60	727.49
14002TN0370005	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	632.60	727.49

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	135.54	135.54
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	21	213.44	245.46
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	22	213.44	245.46
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	23	213.44	245.46
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	24	213.44	245.46
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	25	214.30	246.45
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	26	218.56	251.34
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	27	223.69	257.24
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	28	232.01	266.81
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	29	238.84	274.67
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	30	242.26	278.60
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	31	247.38	284.49
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	32	252.50	290.38
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	33	255.71	294.07
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	34	259.12	297.99
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	35	260.83	299.95
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	36	262.53	301.91
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	37	264.24	303.88
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	38	265.95	305.84
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	39	269.36	309.76
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	40	272.78	313.70
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	41	277.91	319.60
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	42	282.81	325.23

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	43	289.64	333.09
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	44	298.18	342.91
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	45	308.21	354.44
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	46	320.17	368.20
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	47	333.61	383.65
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	48	348.98	401.33
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	49	364.14	418.76
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	50	381.21	438.39
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	51	398.07	457.78
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	52	416.64	479.14
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	53	435.42	500.73
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	54	455.70	524.06
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	55	475.98	547.38
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	56	497.96	572.65
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	57	520.16	598.18
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	58	543.86	625.44
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	59	555.60	638.94
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	60	579.29	666.18
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	61	599.78	689.75
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	62	613.22	705.20
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	63	630.09	724.60
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	64	640.11	736.13
14002TN0370005	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	640.11	736.13

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	129.91	129.91
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	21	204.58	235.27
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	22	204.58	235.27
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	23	204.58	235.27
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	24	204.58	235.27
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	25	205.40	236.21
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	26	209.49	240.91
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	27	214.40	246.56
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	28	222.38	255.74
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	29	228.92	263.26
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	30	232.19	267.02
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	31	237.10	272.67
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	32	242.01	278.31
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	33	245.08	281.84
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	34	248.36	285.61
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	35	249.99	287.49
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	36	251.63	289.37
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	37	253.27	291.26
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	38	254.90	293.14
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	39	258.17	296.90
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	40	261.45	300.67
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	41	266.37	306.33
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	42	271.06	311.72

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	43	277.61	319.25
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	44	285.79	328.66
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	45	295.41	339.72
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	46	306.87	352.90
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	47	319.75	367.71
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	48	334.49	384.66
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	49	349.01	401.36
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	50	365.38	420.19
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	51	381.54	438.77
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	52	399.34	459.24
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	53	417.34	479.94
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	54	436.77	502.29
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	55	456.21	524.64
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	56	477.28	548.87
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	57	498.56	573.34
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	58	521.27	599.46
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	59	532.52	612.40
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	60	555.23	638.51
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	61	574.86	661.09
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	62	587.75	675.91
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	63	603.92	694.51
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	64	613.52	705.55
14002TN0370005	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	613.52	705.55

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	121.44	121.44
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	21	191.23	219.91
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	22	191.23	219.91
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	23	191.23	219.91
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	24	191.23	219.91
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	25	192.00	220.80
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	26	195.82	225.19
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	27	200.41	230.47
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	28	207.87	239.05
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	29	213.99	246.09
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	30	217.05	249.61
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	31	221.64	254.89
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	32	226.22	260.15
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	33	229.10	263.47
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	34	232.16	266.98
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	35	233.68	268.73
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	36	235.21	270.49
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	37	236.74	272.25
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	38	238.27	274.01
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	39	241.33	277.53
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	40	244.39	281.05
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	41	248.99	286.34
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	42	253.38	291.39

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	43	259.50	298.43
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	44	267.15	307.22
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	45	276.14	317.56
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	46	286.85	329.88
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	47	298.89	343.72
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	48	312.67	359.57
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	49	326.25	375.19
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	50	341.54	392.77
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	51	356.65	410.15
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	52	373.29	429.28
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	53	390.11	448.63
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	54	408.28	469.52
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	55	426.45	490.42
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	56	446.14	513.06
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	57	466.04	535.95
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	58	487.26	560.35
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	59	497.78	572.45
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	60	519.01	596.86
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	61	537.36	617.96
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	62	549.41	631.82
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	63	564.52	649.20
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	64	573.50	659.53
14002TN0370005	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	573.50	659.53

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				
Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	135.93	135.93
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	21	214.06	246.17
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	22	214.06	246.17
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	23	214.06	246.17
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	24	214.06	246.17
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	25	214.91	247.15
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	26	219.19	252.07
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	27	224.33	257.98
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	28	232.68	267.58
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	29	239.53	275.46
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	30	242.95	279.39
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	31	248.09	285.30
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	32	253.22	291.20
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	33	256.44	294.91
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	34	259.86	298.84
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	35	261.58	300.82
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	36	263.29	302.78
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	37	265.00	304.75
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	38	266.71	306.72
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	39	270.14	310.66
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	40	273.56	314.59
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	41	278.71	320.52
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	42	283.62	326.16

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	43	290.47	334.04
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	44	299.03	343.88
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	45	309.10	355.47
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	46	321.09	369.25
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	47	334.57	384.76
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	48	349.99	402.49
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	49	365.19	419.97
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	50	382.31	439.66
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	51	399.22	459.10
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	52	417.84	480.52
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	53	436.67	502.17
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	54	457.01	525.56
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	55	477.34	548.94
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	56	499.39	574.30
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	57	521.66	599.91
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	58	545.42	627.23
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	59	557.19	640.77
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	60	580.95	668.09
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	61	601.50	691.73
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	62	614.99	707.24
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	63	631.90	726.69
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	64	641.95	738.24
14002TN0370005	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	641.95	738.24

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	136.55	136.55
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	21	215.03	247.28
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	22	215.03	247.28
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	23	215.03	247.28
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	24	215.03	247.28
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	25	215.89	248.27
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	26	220.19	253.22
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	27	225.35	259.15
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	28	233.74	268.80
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	29	240.62	276.71
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	30	244.06	280.67
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	31	249.22	286.60
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	32	254.38	292.54
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	33	257.61	296.25
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	34	261.05	300.21
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	35	262.76	302.17
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	36	264.48	304.15
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	37	266.20	306.13
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	38	267.92	308.11
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	39	271.36	312.06
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	40	274.80	316.02
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	41	279.97	321.97
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	42	284.91	327.65

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	43	291.79	335.56
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	44	300.39	345.45
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	45	310.50	357.08
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	46	322.55	370.93
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	47	336.09	386.50
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	48	351.58	404.32
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	49	366.85	421.88
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	50	384.04	441.65
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	51	401.03	461.18
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	52	419.74	482.70
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	53	438.66	504.46
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	54	459.09	527.95
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	55	479.51	551.44
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	56	501.66	576.91
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	57	524.03	602.63
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	58	547.90	630.09
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	59	559.73	643.69
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	60	583.59	671.13
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	61	604.23	694.86
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	62	617.78	710.45
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	63	634.77	729.99
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	64	644.87	741.60
14002TN0370021	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	644.87	741.60

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	139.53	139.53
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	21	219.73	252.69
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	22	219.73	252.69
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	23	219.73	252.69
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	24	219.73	252.69
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	25	220.61	253.70
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	26	225.00	258.75
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	27	230.27	264.81
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	28	238.85	274.68
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	29	245.88	282.76
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	30	249.39	286.80
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	31	254.66	292.86
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	32	259.93	298.92
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	33	263.24	302.73
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	34	266.75	306.76
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	35	268.51	308.79
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	36	270.26	310.80
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	37	272.02	312.82
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	38	273.78	314.85
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	39	277.29	318.88
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	40	280.81	322.93
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	41	286.09	329.00
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	42	291.14	334.81

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	43	298.17	342.90
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	44	306.96	353.00
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	45	317.29	364.88
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	46	329.60	379.04
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	47	343.43	394.94
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	48	359.26	413.15
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	49	374.86	431.09
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	50	392.44	451.31
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	51	409.80	471.27
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	52	428.91	493.25
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	53	448.24	515.48
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	54	469.12	539.49
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	55	489.99	563.49
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	56	512.63	589.52
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	57	535.48	615.80
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	58	559.87	643.85
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	59	571.96	657.75
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	60	596.35	685.80
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	61	617.44	710.06
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	62	631.28	725.97
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	63	648.64	745.94
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	64	658.96	757.80
14002TN0370021	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	658.96	757.80

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	147.03	147.03
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	21	231.53	266.26
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	22	231.53	266.26
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	23	231.53	266.26
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	24	231.53	266.26
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	25	232.46	267.33
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	26	237.09	272.65
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	27	242.64	279.04
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	28	251.68	289.43
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	29	259.08	297.94
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	30	262.79	302.21
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	31	268.34	308.59
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	32	273.90	314.99
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	33	277.38	318.99
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	34	281.08	323.24
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	35	282.93	325.37
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	36	284.78	327.50
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	37	286.63	329.62
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	38	288.49	331.76
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	39	292.19	336.02
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	40	295.89	340.27
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	41	301.46	346.68
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	42	306.78	352.80

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	43	314.19	361.32
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	44	323.44	371.96
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	45	334.33	384.48
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	46	347.30	399.40
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	47	361.88	416.16
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	48	378.56	435.34
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	49	395.00	454.25
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	50	413.52	475.55
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	51	431.81	496.58
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	52	451.95	519.74
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	53	472.32	543.17
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	54	494.32	568.47
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	55	516.31	593.76
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	56	540.16	621.18
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	57	564.25	648.89
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	58	589.95	678.44
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	59	602.68	693.08
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	60	628.38	722.64
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	61	650.60	748.19
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	62	665.19	764.97
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	63	683.49	786.01
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	64	694.36	798.51
14002TN0370021	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	694.36	798.51

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	149.93	149.93
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	21	236.11	271.53
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	22	236.11	271.53
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	23	236.11	271.53
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	24	236.11	271.53
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	25	237.05	272.61
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	26	241.77	278.04
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	27	247.44	284.56
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	28	256.65	295.15
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	29	264.20	303.83
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	30	267.98	308.18
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	31	273.64	314.69
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	32	279.31	321.21
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	33	282.86	325.29
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	34	286.63	329.62
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	35	288.52	331.80
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	36	290.41	333.97
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	37	292.30	336.15
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	38	294.19	338.32
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	39	297.96	342.65
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	40	301.74	347.00
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	41	307.42	353.53
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	42	312.84	359.77

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	43	320.39	368.45
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	44	329.84	379.32
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	45	340.94	392.08
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	46	354.17	407.30
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	47	369.03	424.38
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	48	386.04	443.95
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	49	402.80	463.22
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	50	421.69	484.94
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	51	440.34	506.39
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	52	460.88	530.01
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	53	481.65	553.90
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	54	504.09	579.70
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	55	526.52	605.50
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	56	550.83	633.45
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	57	575.40	661.71
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	58	601.60	691.84
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	59	614.59	706.78
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	60	640.80	736.92
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	61	663.46	762.98
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	62	678.34	780.09
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	63	696.99	801.54
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	64	708.08	814.29
14002TN0370021	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	708.08	814.29

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	154.72	154.72
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	21	243.65	280.20
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	22	243.65	280.20
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	23	243.65	280.20
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	24	243.65	280.20
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	25	244.62	281.31
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	26	249.49	286.91
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	27	255.34	293.64
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	28	264.85	304.58
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	29	272.64	313.54
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	30	276.54	318.02
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	31	282.38	324.74
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	32	288.23	331.46
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	33	291.89	335.67
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	34	295.79	340.16
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	35	297.74	342.40
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	36	299.69	344.64
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	37	301.63	346.87
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	38	303.58	349.12
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	39	307.48	353.60
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	40	311.38	358.09
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	41	317.24	364.83
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	42	322.83	371.25

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	43	330.63	380.22
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	44	340.37	391.43
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	45	351.83	404.60
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	46	365.48	420.30
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	47	380.82	437.94
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	48	398.37	458.13
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	49	415.67	478.02
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	50	435.16	500.43
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	51	454.41	522.57
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	52	475.60	546.94
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	53	497.04	571.60
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	54	520.19	598.22
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	55	543.33	624.83
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	56	568.43	653.69
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	57	593.77	682.84
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	58	620.82	713.94
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	59	634.22	729.35
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	60	661.27	760.46
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	61	684.65	787.35
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	62	700.00	805.00
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	63	719.25	827.14
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	64	730.70	840.31
14002TN0370021	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	730.70	840.31

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	157.73	157.73
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	21	248.38	285.64
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	22	248.38	285.64
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	23	248.38	285.64
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	24	248.38	285.64
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	25	249.38	286.79
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	26	254.34	292.49
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	27	260.30	299.35
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	28	269.99	310.49
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	29	277.94	319.63
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	30	281.91	324.20
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	31	287.87	331.05
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	32	293.83	337.90
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	33	297.56	342.19
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	34	301.54	346.77
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	35	303.52	349.05
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	36	305.51	351.34
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	37	307.50	353.63
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	38	309.48	355.90
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	39	313.46	360.48
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	40	317.43	365.04
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	41	323.40	371.91
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	42	329.11	378.48

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	43	337.05	387.61
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	44	346.99	399.04
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	45	358.66	412.46
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	46	372.58	428.47
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	47	388.22	446.45
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	48	406.11	467.03
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	49	423.75	487.31
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	50	443.61	510.15
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	51	463.24	532.73
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	52	484.85	557.58
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	53	506.70	582.71
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	54	530.30	609.85
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	55	553.89	636.97
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	56	579.48	666.40
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	57	605.31	696.11
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	58	632.88	727.81
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	59	646.55	743.53
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	60	674.12	775.24
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	61	697.96	802.65
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	62	713.61	820.65
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	63	733.23	843.21
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	64	744.90	856.64
14002TN0370021	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	744.90	856.64

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	138.56	138.56
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	21	218.21	250.94
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	22	218.21	250.94
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	23	218.21	250.94
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	24	218.21	250.94
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	25	219.08	251.94
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	26	223.44	256.96
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	27	228.68	262.98
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	28	237.19	272.77
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	29	244.17	280.80
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	30	247.66	284.81
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	31	252.90	290.84
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	32	258.13	296.85
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	33	261.41	300.62
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	34	264.90	304.64
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	35	266.65	306.65
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	36	268.39	308.65
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	37	270.14	310.66
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	38	271.88	312.66
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	39	275.37	316.68
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	40	278.86	320.69
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	41	284.11	326.73
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	42	289.12	332.49

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	43	296.10	340.52
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	44	304.83	350.55
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	45	315.09	362.35
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	46	327.31	376.41
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	47	341.05	392.21
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	48	356.77	410.29
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	49	372.26	428.10
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	50	389.72	448.18
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	51	406.96	468.00
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	52	425.94	489.83
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	53	445.14	511.91
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	54	465.87	535.75
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	55	486.60	559.59
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	56	509.07	585.43
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	57	531.77	611.54
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	58	555.99	639.39
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	59	567.99	653.19
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	60	592.22	681.05
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	61	613.16	705.13
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	62	626.91	720.95
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	63	644.15	740.77
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	64	654.39	752.55
14002TN0370021	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	654.39	752.55

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	152.15	152.15
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	21	239.60	275.54
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	22	239.60	275.54
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	23	239.60	275.54
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	24	239.60	275.54
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	25	240.55	276.63
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	26	245.34	282.14
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	27	251.09	288.75
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	28	260.44	299.51
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	29	268.11	308.33
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	30	271.94	312.73
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	31	277.69	319.34
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	32	283.44	325.96
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	33	287.04	330.10
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	34	290.87	334.50
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	35	292.78	336.70
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	36	294.70	338.91
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	37	296.62	341.11
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	38	298.53	343.31
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	39	302.37	347.73
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	40	306.20	352.13
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	41	311.96	358.75
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	42	317.46	365.08

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	43	325.13	373.90
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	44	334.71	384.92
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	45	345.97	397.87
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	46	359.40	413.31
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	47	374.48	430.65
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	48	391.74	450.50
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	49	408.76	470.07
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	50	427.92	492.11
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	51	446.85	513.88
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	52	467.69	537.84
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	53	488.77	562.09
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	54	511.53	588.26
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	55	534.30	614.45
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	56	558.97	642.82
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	57	583.90	671.49
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	58	610.49	702.06
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	59	623.67	717.22
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	60	650.27	747.81
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	61	673.26	774.25
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	62	688.36	791.61
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	63	707.29	813.38
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	64	718.54	826.32
14002TN0370021	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	718.54	826.32

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	133.85	133.85
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	21	210.78	242.40
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	22	210.78	242.40
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	23	210.78	242.40
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	24	210.78	242.40
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	25	211.62	243.36
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	26	215.84	248.22
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	27	220.90	254.04
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	28	229.12	263.49
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	29	235.87	271.25
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	30	239.24	275.13
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	31	244.29	280.93
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	32	249.36	286.76
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	33	252.51	290.39
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	34	255.89	294.27
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	35	257.58	296.22
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	36	259.26	298.15
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	37	260.95	300.09
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	38	262.64	302.04
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	39	266.00	305.90
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	40	269.38	309.79
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	41	274.44	315.61
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	42	279.29	321.18

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	43	286.03	328.93
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	44	294.47	338.64
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	45	304.37	350.03
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	46	316.18	363.61
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	47	329.46	378.88
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	48	344.63	396.32
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	49	359.59	413.53
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	50	376.45	432.92
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	51	393.11	452.08
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	52	411.44	473.16
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	53	430.00	494.50
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	54	450.02	517.52
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	55	470.04	540.55
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	56	491.75	565.51
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	57	513.67	590.72
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	58	537.07	617.63
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	59	548.66	630.96
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	60	572.06	657.87
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	61	592.30	681.15
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	62	605.58	696.42
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	63	622.23	715.56
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	64	632.14	726.96
14002TN0370006	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	632.14	726.96

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	125.81	125.81
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	21	198.13	227.85
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	22	198.13	227.85
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	23	198.13	227.85
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	24	198.13	227.85
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	25	198.92	228.76
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	26	202.88	233.31
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	27	207.64	238.79
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	28	215.36	247.66
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	29	221.71	254.97
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	30	224.87	258.60
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	31	229.62	264.06
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	32	234.39	269.55
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	33	237.35	272.95
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	34	240.53	276.61
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	35	242.11	278.43
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	36	243.69	280.24
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	37	245.28	282.07
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	38	246.87	283.90
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	39	250.03	287.53
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	40	253.21	291.19
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	41	257.96	296.65
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	42	262.52	301.90

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	43	268.86	309.19
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	44	276.79	318.31
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	45	286.09	329.00
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	46	297.19	341.77
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	47	309.68	356.13
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	48	323.94	372.53
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	49	338.00	388.70
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	50	353.85	406.93
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	51	369.51	424.94
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	52	386.74	444.75
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	53	404.18	464.81
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	54	423.00	486.45
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	55	441.82	508.09
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	56	462.23	531.56
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	57	482.83	555.25
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	58	504.82	580.54
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	59	515.72	593.08
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	60	537.71	618.37
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	61	556.74	640.25
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	62	569.22	654.60
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	63	584.87	672.60
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	64	594.18	683.31
14002TN0370006	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	594.18	683.31

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	129.67	129.67
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	21	204.21	234.84
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	22	204.21	234.84
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	23	204.21	234.84
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	24	204.21	234.84
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	25	205.02	235.77
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	26	209.10	240.47
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	27	214.01	246.11
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	28	221.97	255.27
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	29	228.51	262.79
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	30	231.77	266.54
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	31	236.67	272.17
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	32	241.58	277.82
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	33	244.64	281.34
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	34	247.91	285.10
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	35	249.54	286.97
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	36	251.17	288.85
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	37	252.81	290.73
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	38	254.44	292.61
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	39	257.70	296.36
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	40	260.98	300.13
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	41	265.87	305.75
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	42	270.58	311.17

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	43	277.11	318.68
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	44	285.28	328.07
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	45	294.87	339.10
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	46	306.31	352.26
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	47	319.18	367.06
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	48	333.88	383.96
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	49	348.37	400.63
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	50	364.71	419.42
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	51	380.84	437.97
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	52	398.61	458.40
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	53	416.58	479.07
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	54	435.98	501.38
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	55	455.38	523.69
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	56	476.41	547.87
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	57	497.65	572.30
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	58	520.31	598.36
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	59	531.54	611.27
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	60	554.21	637.34
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	61	573.82	659.89
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	62	586.69	674.69
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	63	602.81	693.23
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	64	612.41	704.27
14002TN0370006	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	612.41	704.27

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	137.82	137.82
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	21	217.03	249.58
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	22	217.03	249.58
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	23	217.03	249.58
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	24	217.03	249.58
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	25	217.89	250.57
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	26	222.24	255.58
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	27	227.45	261.57
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	28	235.91	271.30
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	29	242.86	279.29
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	30	246.33	283.28
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	31	251.53	289.26
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	32	256.75	295.26
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	33	260.00	299.00
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	34	263.48	303.00
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	35	265.22	305.00
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	36	266.94	306.98
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	37	268.68	308.98
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	38	270.42	310.98
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	39	273.89	314.97
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	40	277.36	318.96
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	41	282.57	324.96
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	42	287.57	330.71

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	43	294.51	338.69
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	44	303.20	348.68
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	45	313.39	360.40
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	46	325.55	374.38
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	47	339.22	390.10
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	48	354.85	408.08
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	49	370.25	425.79
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	50	387.61	445.75
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	51	404.76	465.47
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	52	423.64	487.19
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	53	442.74	509.15
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	54	463.36	532.86
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	55	483.97	556.57
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	56	506.33	582.28
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	57	528.90	608.24
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	58	552.99	635.94
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	59	564.92	649.66
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	60	589.02	677.37
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	61	609.86	701.34
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	62	623.53	717.06
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	63	640.67	736.77
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	64	650.87	748.50
14002TN0370006	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	650.87	748.50

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	139.45	139.45
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	21	219.61	252.55
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	22	219.61	252.55
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	23	219.61	252.55
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	24	219.61	252.55
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	25	220.48	253.55
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	26	224.87	258.60
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	27	230.15	264.67
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	28	238.71	274.52
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	29	245.74	282.60
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	30	249.25	286.64
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	31	254.52	292.70
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	32	259.80	298.77
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	33	263.09	302.55
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	34	266.60	306.59
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	35	268.36	308.61
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	36	270.11	310.63
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	37	271.87	312.65
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	38	273.63	314.67
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	39	277.14	318.71
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	40	280.66	322.76
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	41	285.92	328.81
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	42	290.98	334.63

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	43	298.01	342.71
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	44	306.79	352.81
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	45	317.11	364.68
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	46	329.41	378.82
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	47	343.25	394.74
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	48	359.06	412.92
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	49	374.64	430.84
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	50	392.21	451.04
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	51	409.57	471.01
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	52	428.67	492.97
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	53	448.00	515.20
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	54	468.86	539.19
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	55	489.72	563.18
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	56	512.34	589.19
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	57	535.17	615.45
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	58	559.55	643.48
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	59	571.63	657.37
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	60	596.01	685.41
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	61	617.10	709.67
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	62	630.93	725.57
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	63	648.27	745.51
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	64	658.60	757.39
14002TN0370006	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	658.60	757.39

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	133.66	133.66
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	21	210.48	242.05
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	22	210.48	242.05
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	23	210.48	242.05
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	24	210.48	242.05
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	25	211.32	243.02
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	26	215.53	247.86
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	27	220.59	253.68
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	28	228.79	263.11
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	29	235.54	270.87
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	30	238.90	274.74
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	31	243.95	280.54
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	32	249.01	286.36
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	33	252.16	289.98
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	34	255.53	293.86
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	35	257.22	295.80
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	36	258.89	297.72
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	37	260.58	299.67
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	38	262.26	301.60
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	39	265.63	305.47
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	40	269.00	309.35
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	41	274.05	315.16
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	42	278.90	320.74

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	43	285.63	328.47
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	44	294.05	338.16
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	45	303.94	349.53
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	46	315.73	363.09
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	47	328.99	378.34
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	48	344.15	395.77
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	49	359.08	412.94
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	50	375.92	432.31
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	51	392.55	451.43
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	52	410.86	472.49
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	53	429.39	493.80
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	54	449.38	516.79
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	55	469.38	539.79
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	56	491.06	564.72
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	57	512.95	589.89
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	58	536.31	616.76
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	59	547.89	630.07
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	60	571.25	656.94
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	61	591.47	680.19
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	62	604.72	695.43
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	63	621.35	714.55
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	64	631.24	725.93
14002TN0370006	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	631.24	725.93

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	124.94	124.94
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	21	196.75	226.26
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	22	196.75	226.26
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	23	196.75	226.26
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	24	196.75	226.26
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	25	197.54	227.17
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	26	201.47	231.69
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	27	206.20	237.13
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	28	213.87	245.95
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	29	220.17	253.20
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	30	223.31	256.81
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	31	228.03	262.23
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	32	232.76	267.67
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	33	235.71	271.07
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	34	238.86	274.69
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	35	240.44	276.51
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	36	242.00	278.30
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	37	243.58	280.12
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	38	245.16	281.93
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	39	248.30	285.55
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	40	251.45	289.17
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	41	256.17	294.60
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	42	260.70	299.81

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	43	267.00	307.05
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	44	274.87	316.10
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	45	284.11	326.73
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	46	295.13	339.40
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	47	307.53	353.66
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	48	321.70	369.96
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	49	335.66	386.01
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	50	351.40	404.11
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	51	366.95	421.99
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	52	384.06	441.67
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	53	401.38	461.59
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	54	420.07	483.08
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	55	438.76	504.57
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	56	459.02	527.87
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	57	479.48	551.40
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	58	501.33	576.53
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	59	512.14	588.96
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	60	533.99	614.09
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	61	552.88	635.81
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	62	565.27	650.06
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	63	580.81	667.93
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	64	590.06	678.57
14002TN0370006	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	590.06	678.57

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	139.85	139.85
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	21	220.24	253.28
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	22	220.24	253.28
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	23	220.24	253.28
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	24	220.24	253.28
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	25	221.11	254.28
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	26	225.52	259.35
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	27	230.81	265.43
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	28	239.39	275.30
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	29	246.45	283.42
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	30	249.97	287.47
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	31	255.25	293.54
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	32	260.54	299.62
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	33	263.84	303.42
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	34	267.37	307.48
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	35	269.13	309.50
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	36	270.89	311.52
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	37	272.65	313.55
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	38	274.42	315.58
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	39	277.93	319.62
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	40	281.46	323.68
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	41	286.75	329.76
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	42	291.82	335.59

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	43	298.87	343.70
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	44	307.68	353.83
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	45	318.02	365.72
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	46	330.36	379.91
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	47	344.23	395.86
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	48	360.09	414.10
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	49	375.72	432.08
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	50	393.34	452.34
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	51	410.74	472.35
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	52	429.90	494.39
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	53	449.28	516.67
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	54	470.20	540.73
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	55	491.12	564.79
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	56	513.81	590.88
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	57	536.71	617.22
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	58	561.16	645.33
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	59	573.27	659.26
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	60	597.72	687.38
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	61	618.87	711.70
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	62	632.74	727.65
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	63	650.13	747.65
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	64	660.49	759.56
14002TN0370006	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	660.49	759.56

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	140.49	140.49
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	21	221.24	254.43
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	22	221.24	254.43
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	23	221.24	254.43
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	24	221.24	254.43
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	25	222.12	255.44
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	26	226.54	260.52
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	27	231.86	266.64
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	28	240.48	276.55
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	29	247.57	284.71
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	30	251.10	288.77
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	31	256.41	294.87
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	32	261.73	300.99
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	33	265.04	304.80
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	34	268.59	308.88
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	35	270.36	310.91
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	36	272.12	312.94
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	37	273.89	314.97
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	38	275.66	317.01
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	39	279.20	321.08
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	40	282.74	325.15
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	41	288.05	331.26
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	42	293.14	337.11

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	43	300.22	345.25
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	44	309.07	355.43
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	45	319.47	367.39
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	46	331.86	381.64
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	47	345.80	397.67
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	48	361.73	415.99
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	49	377.43	434.04
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	50	395.13	454.40
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	51	412.61	474.50
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	52	431.85	496.63
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	53	451.33	519.03
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	54	472.34	543.19
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	55	493.36	567.36
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	56	516.14	593.56
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	57	539.15	620.02
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	58	563.71	648.27
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	59	575.88	662.26
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	60	600.44	690.51
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	61	621.68	714.93
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	62	635.62	730.96
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	63	653.09	751.05
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	64	663.49	763.01
14002TN0370023	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	663.49	763.01

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	143.56	143.56
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	21	226.07	259.98
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	22	226.07	259.98
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	23	226.07	259.98
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	24	226.07	259.98
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	25	226.97	261.02
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	26	231.49	266.21
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	27	236.93	272.47
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	28	245.74	282.60
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	29	252.98	290.93
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	30	256.59	295.08
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	31	262.01	301.31
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	32	267.45	307.57
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	33	270.83	311.45
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	34	274.45	315.62
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	35	276.27	317.71
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	36	278.07	319.78
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	37	279.88	321.86
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	38	281.69	323.94
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	39	285.30	328.10
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	40	288.92	332.26
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	41	294.34	338.49
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	42	299.55	344.48

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	43	306.78	352.80
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	44	315.83	363.20
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	45	326.45	375.42
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	46	339.11	389.98
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	47	353.36	406.36
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	48	369.63	425.07
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	49	385.67	443.52
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	50	403.76	464.32
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	51	421.63	484.87
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	52	441.29	507.48
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	53	461.19	530.37
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	54	482.66	555.06
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	55	504.14	579.76
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	56	527.42	606.53
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	57	550.93	633.57
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	58	576.03	662.43
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	59	588.46	676.73
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	60	613.56	705.59
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	61	635.27	730.56
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	62	649.51	746.94
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	63	667.36	767.46
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	64	677.99	779.69
14002TN0370023	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	677.99	779.69

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	151.27	151.27
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	21	238.22	273.95
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	22	238.22	273.95
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	23	238.22	273.95
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	24	238.22	273.95
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	25	239.17	275.05
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	26	243.93	280.52
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	27	249.65	287.10
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	28	258.94	297.78
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	29	266.57	306.56
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	30	270.37	310.93
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	31	276.09	317.50
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	32	281.81	324.08
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	33	285.38	328.19
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	34	289.20	332.58
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	35	291.11	334.78
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	36	293.00	336.95
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	37	294.91	339.15
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	38	296.82	341.34
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	39	300.62	345.71
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	40	304.44	350.11
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	41	310.15	356.67
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	42	315.64	362.99

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	43	323.26	371.75
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	44	332.79	382.71
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	45	343.98	395.58
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	46	357.33	410.93
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	47	372.34	428.19
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	48	389.49	447.91
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	49	406.39	467.35
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	50	425.45	489.27
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	51	444.27	510.91
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	52	464.99	534.74
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	53	485.96	558.85
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	54	508.59	584.88
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	55	531.22	610.90
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	56	555.76	639.12
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	57	580.53	667.61
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	58	606.97	698.02
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	59	620.07	713.08
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	60	646.52	743.50
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	61	669.39	769.80
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	62	684.40	787.06
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	63	703.21	808.69
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	64	714.41	821.57
14002TN0370023	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	714.41	821.57

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	154.26	154.26
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	21	242.92	279.36
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	22	242.92	279.36
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	23	242.92	279.36
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	24	242.92	279.36
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	25	243.89	280.47
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	26	248.75	286.06
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	27	254.59	292.78
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	28	264.05	303.66
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	29	271.84	312.62
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	30	275.72	317.08
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	31	281.54	323.77
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	32	287.38	330.49
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	33	291.02	334.67
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	34	294.91	339.15
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	35	296.86	341.39
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	36	298.79	343.61
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	37	300.74	345.85
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	38	302.68	348.08
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	39	306.56	352.54
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	40	310.46	357.03
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	41	316.28	363.72
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	42	321.88	370.16

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	43	329.65	379.10
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	44	339.37	390.28
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	45	350.78	403.40
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	46	364.39	419.05
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	47	379.69	436.64
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	48	397.18	456.76
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	49	414.42	476.58
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	50	433.86	498.94
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	51	453.05	521.01
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	52	474.18	545.31
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	53	495.56	569.89
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	54	518.64	596.44
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	55	541.71	622.97
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	56	566.74	651.75
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	57	592.00	680.80
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	58	618.97	711.82
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	59	632.32	727.17
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	60	659.29	758.18
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	61	682.62	785.01
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	62	697.92	802.61
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	63	717.11	824.68
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	64	728.53	837.81
14002TN0370023	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	728.53	837.81

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	159.19	159.19
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	21	250.68	288.28
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	22	250.68	288.28
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	23	250.68	288.28
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	24	250.68	288.28
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	25	251.68	289.43
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	26	256.70	295.21
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	27	262.72	302.13
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	28	272.49	313.36
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	29	280.52	322.60
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	30	284.52	327.20
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	31	290.54	334.12
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	32	296.56	341.04
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	33	300.32	345.37
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	34	304.33	349.98
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	35	306.34	352.29
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	36	308.34	354.59
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	37	310.34	356.89
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	38	312.35	359.20
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	39	316.36	363.81
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	40	320.37	368.43
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	41	326.39	375.35
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	42	332.16	381.98

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	43	340.18	391.21
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	44	350.21	402.74
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	45	361.98	416.28
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	46	376.03	432.43
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	47	391.82	450.59
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	48	409.87	471.35
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	49	427.66	491.81
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	50	447.72	514.88
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	51	467.52	537.65
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	52	489.33	562.73
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	53	511.39	588.10
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	54	535.21	615.49
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	55	559.02	642.87
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	56	584.84	672.57
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	57	610.91	702.55
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	58	638.74	734.55
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	59	652.52	750.40
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	60	680.35	782.40
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	61	704.42	810.08
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	62	720.21	828.24
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	63	740.01	851.01
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	64	751.80	864.57
14002TN0370023	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	751.80	864.57

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	162.28	162.28
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	21	255.55	293.88
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	22	255.55	293.88
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	23	255.55	293.88
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	24	255.55	293.88
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	25	256.57	295.06
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	26	261.68	300.93
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	27	267.83	308.00
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	28	277.78	319.45
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	29	285.97	328.87
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	30	290.05	333.56
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	31	296.18	340.61
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	32	302.32	347.67
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	33	306.15	352.07
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	34	310.25	356.79
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	35	312.29	359.13
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	36	314.33	361.48
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	37	316.38	363.84
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	38	318.42	366.18
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	39	322.50	370.88
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	40	326.60	375.59
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	41	332.73	382.64
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	42	338.62	389.41

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	43	346.79	398.81
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	44	357.02	410.57
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	45	369.02	424.37
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	46	383.34	440.84
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	47	399.44	459.36
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	48	417.84	480.52
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	49	435.97	501.37
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	50	456.42	524.88
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	51	476.61	548.10
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	52	498.84	573.67
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	53	521.33	599.53
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	54	545.61	627.45
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	55	569.88	655.36
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	56	596.21	685.64
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	57	622.78	716.20
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	58	651.15	748.82
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	59	665.20	764.98
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	60	693.57	797.61
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	61	718.11	825.83
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	62	734.21	844.34
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	63	754.39	867.55
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	64	766.41	881.37
14002TN0370023	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	766.41	881.37

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	142.57	142.57
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	21	224.51	258.19
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	22	224.51	258.19
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	23	224.51	258.19
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	24	224.51	258.19
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	25	225.40	259.21
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	26	229.89	264.37
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	27	235.29	270.58
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	28	244.03	280.63
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	29	251.23	288.91
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	30	254.81	293.03
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	31	260.20	299.23
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	32	265.59	305.43
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	33	268.96	309.30
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	34	272.55	313.43
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	35	274.35	315.50
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	36	276.14	317.56
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	37	277.94	319.63
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	38	279.74	321.70
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	39	283.32	325.82
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	40	286.92	329.96
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	41	292.30	336.15
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	42	297.48	342.10

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	43	304.66	350.36
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	44	313.64	360.69
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	45	324.19	372.82
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	46	336.76	387.27
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	47	350.91	403.55
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	48	367.07	422.13
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	49	383.00	440.45
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	50	400.96	461.10
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	51	418.70	481.51
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	52	438.23	503.96
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	53	457.99	526.69
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	54	479.32	551.22
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	55	500.64	575.74
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	56	523.77	602.34
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	57	547.12	629.19
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	58	572.04	657.85
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	59	584.38	672.04
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	60	609.31	700.71
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	61	630.87	725.50
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	62	645.01	741.76
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	63	662.74	762.15
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	64	673.29	774.28
14002TN0370023	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	673.29	774.28

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	156.54	156.54
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	21	246.51	283.49
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	22	246.51	283.49
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	23	246.51	283.49
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	24	246.51	283.49
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	25	247.49	284.61
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	26	252.43	290.29
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	27	258.35	297.10
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	28	267.95	308.14
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	29	275.85	317.23
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	30	279.79	321.76
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	31	285.70	328.56
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	32	291.63	335.37
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	33	295.32	339.62
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	34	299.27	344.16
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	35	301.24	346.43
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	36	303.21	348.69
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	37	305.18	350.96
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	38	307.16	353.23
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	39	311.09	357.75
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	40	315.04	362.30
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	41	320.96	369.10
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	42	326.63	375.62

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	43	334.52	384.70
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	44	344.38	396.04
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	45	355.96	409.35
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	46	369.77	425.24
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	47	385.30	443.10
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	48	403.05	463.51
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	49	420.55	483.63
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	50	440.27	506.31
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	51	459.75	528.71
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	52	481.19	553.37
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	53	502.89	578.32
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	54	526.30	605.25
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	55	549.72	632.18
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	56	575.11	661.38
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	57	600.75	690.86
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	58	628.11	722.33
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	59	641.67	737.92
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	60	669.03	769.38
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	61	692.71	796.62
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	62	708.23	814.46
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	63	727.70	836.86
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	64	739.29	850.18
14002TN0370023	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	739.29	850.18

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	129.86	129.86
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	21	204.51	235.19
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	22	204.51	235.19
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	23	204.51	235.19
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	24	204.51	235.19
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	25	205.33	236.13
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	26	209.41	240.82
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	27	214.33	246.48
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	28	222.30	255.65
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	29	228.85	263.18
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	30	232.11	266.93
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	31	237.03	272.58
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	32	241.93	278.22
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	33	245.00	281.75
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	34	248.27	285.51
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	35	249.91	287.40
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	36	251.55	289.28
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	37	253.18	291.16
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	38	254.81	293.03
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	39	258.09	296.80
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	40	261.36	300.56
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	41	266.27	306.21
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	42	270.97	311.62

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	43	277.51	319.14
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	44	285.70	328.56
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	45	295.31	339.61
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	46	306.77	352.79
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	47	319.64	367.59
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	48	334.37	384.53
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	49	348.89	401.22
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	50	365.25	420.04
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	51	381.41	438.62
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	52	399.19	459.07
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	53	417.20	479.78
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	54	436.62	502.11
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	55	456.05	524.46
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	56	477.11	548.68
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	57	498.39	573.15
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	58	521.09	599.25
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	59	532.34	612.19
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	60	555.04	638.30
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	61	574.67	660.87
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	62	587.55	675.68
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	63	603.70	694.26
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	64	613.32	705.32
14002TN0370008	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	613.32	705.32

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	122.07	122.07
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	21	192.23	221.06
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	22	192.23	221.06
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	23	192.23	221.06
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	24	192.23	221.06
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	25	193.00	221.95
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	26	196.84	226.37
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	27	201.46	231.68
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	28	208.95	240.29
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	29	215.11	247.38
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	30	218.18	250.91
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	31	222.80	256.22
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	32	227.41	261.52
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	33	230.29	264.83
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	34	233.36	268.36
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	35	234.90	270.14
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	36	236.44	271.91
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	37	237.98	273.68
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	38	239.51	275.44
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	39	242.59	278.98
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	40	245.66	282.51
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	41	250.29	287.83
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	42	254.70	292.91

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	43	260.85	299.98
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	44	268.54	308.82
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	45	277.58	319.22
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	46	288.35	331.60
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	47	300.45	345.52
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	48	314.30	361.45
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	49	327.94	377.13
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	50	343.32	394.82
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	51	358.51	412.29
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	52	375.23	431.51
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	53	392.15	450.97
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	54	410.41	471.97
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	55	428.67	492.97
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	56	448.47	515.74
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	57	468.46	538.73
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	58	489.80	563.27
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	59	500.37	575.43
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	60	521.71	599.97
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	61	540.16	621.18
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	62	552.27	635.11
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	63	567.45	652.57
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	64	576.50	662.98
14002TN0370008	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	576.50	662.98

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	125.81	125.81
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	21	198.13	227.85
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	22	198.13	227.85
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	23	198.13	227.85
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	24	198.13	227.85
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	25	198.92	228.76
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	26	202.88	233.31
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	27	207.64	238.79
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	28	215.37	247.68
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	29	221.71	254.97
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	30	224.87	258.60
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	31	229.63	264.07
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	32	234.39	269.55
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	33	237.36	272.96
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	34	240.52	276.60
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	35	242.11	278.43
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	36	243.70	280.26
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	37	245.28	282.07
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	38	246.86	283.89
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	39	250.04	287.55
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	40	253.20	291.18
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	41	257.96	296.65
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	42	262.51	301.89

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	43	268.85	309.18
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	44	276.78	318.30
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	45	286.09	329.00
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	46	297.20	341.78
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	47	309.67	356.12
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	48	323.94	372.53
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	49	338.00	388.70
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	50	353.86	406.94
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	51	369.51	424.94
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	52	386.74	444.75
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	53	404.18	464.81
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	54	423.00	486.45
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	55	441.82	508.09
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	56	462.23	531.56
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	57	482.84	555.27
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	58	504.83	580.55
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	59	515.73	593.09
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	60	537.72	618.38
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	61	556.74	640.25
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	62	569.21	654.59
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	63	584.87	672.60
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	64	594.19	683.32
14002TN0370008	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	594.19	683.32

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	133.71	133.71
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	21	210.57	242.16
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	22	210.57	242.16
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	23	210.57	242.16
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	24	210.57	242.16
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	25	211.41	243.12
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	26	215.62	247.96
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	27	220.68	253.78
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	28	228.89	263.22
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	29	235.63	270.97
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	30	238.99	274.84
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	31	244.05	280.66
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	32	249.11	286.48
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	33	252.26	290.10
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	34	255.63	293.97
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	35	257.31	295.91
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	36	259.00	297.85
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	37	260.69	299.79
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	38	262.37	301.73
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	39	265.74	305.60
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	40	269.10	309.47
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	41	274.16	315.28
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	42	279.00	320.85

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	43	285.74	328.60
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	44	294.16	338.28
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	45	304.06	349.67
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	46	315.86	363.24
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	47	329.12	378.49
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	48	344.28	395.92
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	49	359.23	413.11
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	50	376.08	432.49
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	51	392.72	451.63
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	52	411.03	472.68
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	53	429.56	493.99
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	54	449.56	516.99
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	55	469.57	540.01
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	56	491.26	564.95
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	57	513.16	590.13
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	58	536.53	617.01
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	59	548.11	630.33
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	60	571.49	657.21
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	61	591.70	680.46
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	62	604.96	695.70
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	63	621.60	714.84
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	64	631.50	726.23
14002TN0370008	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	631.50	726.23

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	135.30	135.30
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	21	213.07	245.03
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	22	213.07	245.03
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	23	213.07	245.03
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	24	213.07	245.03
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	25	213.92	246.01
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	26	218.18	250.91
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	27	223.30	256.80
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	28	231.61	266.35
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	29	238.43	274.19
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	30	241.83	278.10
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	31	246.95	283.99
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	32	252.06	289.87
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	33	255.26	293.55
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	34	258.66	297.46
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	35	260.37	299.43
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	36	262.08	301.39
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	37	263.78	303.35
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	38	265.48	305.30
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	39	268.89	309.22
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	40	272.30	313.15
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	41	277.42	319.03
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	42	282.31	324.66

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	43	289.13	332.50
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	44	297.65	342.30
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	45	307.67	353.82
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	46	319.61	367.55
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	47	333.03	382.98
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	48	348.37	400.63
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	49	363.49	418.01
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	50	380.54	437.62
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	51	397.38	456.99
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	52	415.90	478.29
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	53	434.66	499.86
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	54	454.90	523.14
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	55	475.14	546.41
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	56	497.09	571.65
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	57	519.25	597.14
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	58	542.90	624.34
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	59	554.62	637.81
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	60	578.27	665.01
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	61	598.72	688.53
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	62	612.14	703.96
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	63	628.97	723.32
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	64	639.00	734.85
14002TN0370008	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	639.00	734.85

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	129.68	129.68
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	21	204.22	234.85
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	22	204.22	234.85
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	23	204.22	234.85
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	24	204.22	234.85
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	25	205.04	235.80
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	26	209.12	240.49
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	27	214.03	246.13
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	28	221.99	255.29
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	29	228.52	262.80
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	30	231.79	266.56
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	31	236.69	272.19
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	32	241.59	277.83
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	33	244.66	281.36
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	34	247.92	285.11
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	35	249.55	286.98
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	36	251.19	288.87
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	37	252.83	290.75
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	38	254.45	292.62
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	39	257.73	296.39
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	40	260.99	300.14
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	41	265.90	305.79
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	42	270.59	311.18

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	43	277.12	318.69
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	44	285.29	328.08
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	45	294.89	339.12
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	46	306.33	352.28
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	47	319.19	367.07
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	48	333.90	383.99
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	49	348.40	400.66
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	50	364.74	419.45
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	51	380.87	438.00
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	52	398.63	458.42
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	53	416.61	479.10
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	54	436.00	501.40
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	55	455.41	523.72
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	56	476.44	547.91
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	57	497.68	572.33
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	58	520.35	598.40
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	59	531.58	611.32
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	60	554.25	637.39
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	61	573.86	659.94
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	62	586.72	674.73
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	63	602.85	693.28
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	64	612.46	704.33
14002TN0370008	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	612.46	704.33

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	121.22	121.22
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	21	190.90	219.54
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	22	190.90	219.54
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	23	190.90	219.54
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	24	190.90	219.54
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	25	191.66	220.41
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	26	195.48	224.80
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	27	200.06	230.07
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	28	207.51	238.64
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	29	213.61	245.65
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	30	216.66	249.16
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	31	221.25	254.44
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	32	225.83	259.70
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	33	228.70	263.01
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	34	231.74	266.50
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	35	233.27	268.26
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	36	234.80	270.02
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	37	236.33	271.78
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	38	237.85	273.53
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	39	240.91	277.05
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	40	243.96	280.55
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	41	248.55	285.83
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	42	252.93	290.87

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	43	259.04	297.90
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	44	266.68	306.68
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	45	275.65	317.00
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	46	286.35	329.30
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	47	298.37	343.13
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	48	312.12	358.94
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	49	325.67	374.52
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	50	340.94	392.08
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	51	356.02	409.42
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	52	372.63	428.52
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	53	389.43	447.84
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	54	407.56	468.69
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	55	425.70	489.56
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	56	445.36	512.16
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	57	465.21	534.99
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	58	486.40	559.36
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	59	496.90	571.44
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	60	518.09	595.80
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	61	536.42	616.88
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	62	548.44	630.71
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	63	563.52	648.05
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	64	572.50	658.38
14002TN0370008	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	572.50	658.38

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	135.69	135.69
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	21	213.68	245.73
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	22	213.68	245.73
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	23	213.68	245.73
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	24	213.68	245.73
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	25	214.54	246.72
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	26	218.81	251.63
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	27	223.94	257.53
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	28	232.27	267.11
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	29	239.11	274.98
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	30	242.52	278.90
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	31	247.66	284.81
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	32	252.79	290.71
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	33	255.99	294.39
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	34	259.40	298.31
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	35	261.12	300.29
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	36	262.83	302.25
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	37	264.54	304.22
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	38	266.24	306.18
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	39	269.67	310.12
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	40	273.08	314.04
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	41	278.22	319.95
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	42	283.12	325.59

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	43	289.96	333.45
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	44	298.51	343.29
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	45	308.55	354.83
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	46	320.53	368.61
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	47	333.98	384.08
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	48	349.37	401.78
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	49	364.54	419.22
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	50	381.64	438.89
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	51	398.52	458.30
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	52	417.10	479.67
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	53	435.91	501.30
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	54	456.21	524.64
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	55	476.51	547.99
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	56	498.52	573.30
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	57	520.74	598.85
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	58	544.46	626.13
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	59	556.21	639.64
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	60	579.93	666.92
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	61	600.44	690.51
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	62	613.90	705.99
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	63	630.78	725.40
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	64	640.83	736.95
14002TN0370008	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	640.83	736.95

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	136.31	136.31
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	21	214.65	246.85
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	22	214.65	246.85
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	23	214.65	246.85
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	24	214.65	246.85
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	25	215.51	247.84
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	26	219.80	252.77
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	27	224.96	258.70
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	28	233.33	268.33
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	29	240.20	276.23
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	30	243.63	280.17
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	31	248.79	286.11
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	32	253.94	292.03
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	33	257.15	295.72
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	34	260.58	299.67
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	35	262.30	301.65
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	36	264.02	303.62
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	37	265.74	305.60
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	38	267.45	307.57
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	39	270.89	311.52
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	40	274.32	315.47
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	41	279.48	321.40
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	42	284.41	327.07

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	43	291.28	334.97
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	44	299.87	344.85
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	45	309.96	356.45
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	46	321.98	370.28
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	47	335.50	385.83
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	48	350.96	403.60
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	49	366.20	421.13
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	50	383.37	440.88
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	51	400.33	460.38
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	52	419.00	481.85
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	53	437.89	503.57
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	54	458.28	527.02
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	55	478.68	550.48
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	56	500.78	575.90
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	57	523.11	601.58
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	58	546.93	628.97
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	59	558.74	642.55
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	60	582.57	669.96
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	61	603.17	693.65
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	62	616.69	709.19
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	63	633.65	728.70
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	64	643.75	740.31
14002TN0370026	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	643.75	740.31

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	139.28	139.28
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	21	219.34	252.24
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	22	219.34	252.24
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	23	219.34	252.24
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	24	219.34	252.24
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	25	220.22	253.25
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	26	224.60	258.29
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	27	229.88	264.36
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	28	238.43	274.19
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	29	245.45	282.27
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	30	248.95	286.29
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	31	254.22	292.35
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	32	259.48	298.40
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	33	262.77	302.19
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	34	266.28	306.22
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	35	268.04	308.25
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	36	269.79	310.26
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	37	271.55	312.28
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	38	273.30	314.30
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	39	276.81	318.33
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	40	280.32	322.37
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	41	285.59	328.43
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	42	290.62	334.21

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	43	297.64	342.29
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	44	306.42	352.38
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	45	316.73	364.24
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	46	329.02	378.37
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	47	342.83	394.25
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	48	358.63	412.42
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	49	374.20	430.33
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	50	391.75	450.51
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	51	409.08	470.44
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	52	428.15	492.37
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	53	447.46	514.58
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	54	468.29	538.53
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	55	489.14	562.51
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	56	511.73	588.49
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	57	534.54	614.72
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	58	558.89	642.72
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	59	570.95	656.59
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	60	595.30	684.60
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	61	616.35	708.80
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	62	630.17	724.70
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	63	647.50	744.63
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	64	657.81	756.48
14002TN0370026	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	657.81	756.48

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	146.77	146.77
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	21	231.13	265.80
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	22	231.13	265.80
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	23	231.13	265.80
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	24	231.13	265.80
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	25	232.05	266.86
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	26	236.67	272.17
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	27	242.23	278.56
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	28	251.24	288.93
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	29	258.63	297.42
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	30	262.32	301.67
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	31	267.88	308.06
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	32	273.42	314.43
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	33	276.89	318.42
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	34	280.58	322.67
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	35	282.43	324.79
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	36	284.29	326.93
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	37	286.14	329.06
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	38	287.98	331.18
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	39	291.68	335.43
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	40	295.37	339.68
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	41	300.93	346.07
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	42	306.24	352.18

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	43	313.63	360.67
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	44	322.88	371.31
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	45	333.74	383.80
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	46	346.69	398.69
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	47	361.25	415.44
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	48	377.89	434.57
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	49	394.30	453.45
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	50	412.79	474.71
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	51	431.05	495.71
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	52	451.15	518.82
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	53	471.50	542.23
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	54	493.45	567.47
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	55	515.41	592.72
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	56	539.21	620.09
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	57	563.25	647.74
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	58	588.91	677.25
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	59	601.62	691.86
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	60	627.28	721.37
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	61	649.46	746.88
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	62	664.02	763.62
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	63	682.28	784.62
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	64	693.15	797.12
14002TN0370026	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	693.15	797.12

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	149.67	149.67
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	21	235.69	271.04
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	22	235.69	271.04
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	23	235.69	271.04
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	24	235.69	271.04
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	25	236.64	272.14
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	26	241.35	277.55
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	27	247.01	284.06
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	28	256.20	294.63
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	29	263.74	303.30
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	30	267.51	307.64
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	31	273.17	314.15
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	32	278.83	320.65
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	33	282.36	324.71
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	34	286.13	329.05
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	35	288.01	331.21
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	36	289.90	333.39
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	37	291.79	335.56
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	38	293.67	337.72
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	39	297.44	342.06
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	40	301.21	346.39
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	41	306.88	352.91
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	42	312.29	359.13

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	43	319.83	367.80
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	44	329.26	378.65
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	45	340.34	391.39
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	46	353.54	406.57
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	47	368.39	423.65
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	48	385.36	443.16
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	49	402.09	462.40
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	50	420.95	484.09
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	51	439.57	505.51
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	52	460.07	529.08
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	53	480.81	552.93
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	54	503.20	578.68
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	55	525.59	604.43
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	56	549.87	632.35
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	57	574.38	660.54
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	58	600.54	690.62
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	59	613.51	705.54
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	60	639.67	735.62
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	61	662.30	761.65
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	62	677.14	778.71
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	63	695.76	800.12
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	64	706.85	812.88
14002TN0370026	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	706.85	812.88

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	154.45	154.45
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	21	243.22	279.70
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	22	243.22	279.70
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	23	243.22	279.70
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	24	243.22	279.70
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	25	244.19	280.82
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	26	249.05	286.41
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	27	254.90	293.14
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	28	264.38	304.04
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	29	272.17	313.00
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	30	276.05	317.46
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	31	281.90	324.19
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	32	287.73	330.89
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	33	291.38	335.09
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	34	295.27	339.56
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	35	297.21	341.79
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	36	299.16	344.03
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	37	301.11	346.28
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	38	303.05	348.51
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	39	306.95	352.99
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	40	310.83	357.45
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	41	316.68	364.18
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	42	322.26	370.60

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	43	330.04	379.55
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	44	339.78	390.75
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	45	351.21	403.89
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	46	364.84	419.57
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	47	380.15	437.17
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	48	397.67	457.32
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	49	414.93	477.17
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	50	434.40	499.56
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	51	453.61	521.65
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	52	474.76	545.97
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	53	496.17	570.60
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	54	519.27	597.16
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	55	542.38	623.74
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	56	567.43	652.54
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	57	592.73	681.64
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	58	619.73	712.69
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	59	633.11	728.08
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	60	660.10	759.12
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	61	683.45	785.97
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	62	698.77	803.59
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	63	717.98	825.68
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	64	729.42	838.83
14002TN0370026	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	729.42	838.83

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	157.45	157.45
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	21	247.95	285.14
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	22	247.95	285.14
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	23	247.95	285.14
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	24	247.95	285.14
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	25	248.94	286.28
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	26	253.89	291.97
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	27	259.85	298.83
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	28	269.52	309.95
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	29	277.46	319.08
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	30	281.42	323.63
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	31	287.38	330.49
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	32	293.32	337.32
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	33	297.04	341.60
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	34	301.00	346.15
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	35	302.99	348.44
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	36	304.98	350.73
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	37	306.96	353.00
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	38	308.94	355.28
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	39	312.91	359.85
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	40	316.87	364.40
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	41	322.83	371.25
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	42	328.53	377.81

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	43	336.46	386.93
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	44	346.38	398.34
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	45	358.03	411.73
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	46	371.93	427.72
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	47	387.54	445.67
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	48	405.40	466.21
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	49	423.00	486.45
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	50	442.84	509.27
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	51	462.43	531.79
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	52	483.99	556.59
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	53	505.82	581.69
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	54	529.36	608.76
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	55	552.92	635.86
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	56	578.46	665.23
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	57	604.25	694.89
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	58	631.77	726.54
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	59	645.41	742.22
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	60	672.93	773.87
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	61	696.73	801.24
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	62	712.35	819.20
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	63	731.93	841.72
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	64	743.60	855.14
14002TN0370026	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	743.60	855.14

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	138.32	138.32
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	21	217.82	250.49
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	22	217.82	250.49
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	23	217.82	250.49
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	24	217.82	250.49
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	25	218.70	251.51
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	26	223.05	256.51
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	27	228.28	262.52
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	28	236.78	272.30
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	29	243.75	280.31
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	30	247.23	284.31
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	31	252.46	290.33
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	32	257.69	296.34
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	33	260.95	300.09
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	34	264.43	304.09
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	35	266.18	306.11
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	36	267.92	308.11
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	37	269.67	310.12
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	38	271.40	312.11
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	39	274.89	316.12
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	40	278.37	320.13
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	41	283.61	326.15
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	42	288.61	331.90

Rates Table Templat	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	43	295.58	339.92
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	44	304.30	349.95
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	45	314.53	361.71
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	46	326.74	375.75
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	47	340.46	391.53
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	48	356.14	409.56
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	49	371.60	427.34
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	50	389.04	447.40
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	51	406.24	467.18
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	52	425.18	488.96
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	53	444.36	511.01
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	54	465.05	534.81
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	55	485.75	558.61
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	56	508.18	584.41
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	57	530.83	610.45
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	58	555.01	638.26
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	59	566.99	652.04
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	60	591.17	679.85
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	61	612.08	703.89
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	62	625.80	719.67
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	63	643.01	739.46
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	64	653.26	751.25
14002TN0370026	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	653.26	751.25

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	151.88	151.88
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	21	239.17	275.05
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	22	239.17	275.05
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	23	239.17	275.05
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	24	239.17	275.05
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	25	240.13	276.15
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	26	244.91	281.65
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	27	250.66	288.26
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	28	259.99	298.99
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	29	267.64	307.79
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	30	271.46	312.18
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	31	277.21	318.79
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	32	282.95	325.39
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	33	286.53	329.51
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	34	290.35	333.90
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	35	292.27	336.11
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	36	294.19	338.32
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	37	296.10	340.52
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	38	298.01	342.71
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	39	301.84	347.12
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	40	305.66	351.51
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	41	311.41	358.12
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	42	316.90	364.44

Rates Table Templat	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	43	324.56	373.24
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	44	334.12	384.24
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	45	345.37	397.18
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	46	358.77	412.59
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	47	373.83	429.90
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	48	391.05	449.71
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	49	408.03	469.23
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	50	427.17	491.25
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	51	446.06	512.97
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	52	466.86	536.89
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	53	487.92	561.11
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	54	510.63	587.22
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	55	533.36	613.36
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	56	557.99	641.69
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	57	582.87	670.30
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	58	609.42	700.83
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	59	622.57	715.96
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	60	649.12	746.49
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	61	672.08	772.89
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	62	687.14	790.21
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	63	706.04	811.95
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	64	717.29	824.88
14002TN0370026	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	717.29	824.88

Plans by HIOS ID with Network and Distribution Locations

	HIOS Plan ID	Policy Form	Network	Market-place	Non-Market-place	Multi-State Plan	File Containing Rates
1	14002TN0220001	B04				X	MSP Bronze_Gold
2	14002TN0230001	S09				X	MSP Silver
3	14002TN0230002	S11				X	MSP Silver
4	14002TN0230003	S12				X	MSP Silver
5	14002TN0300001	G08				X	MSP Bronze_Gold
6	14002TN0300002	G11				X	MSP Bronze_Gold
7	14002TN0320001	B01	S	X	X		Marketplace Bronze
8	14002TN0320002	B02	S	X	X		Marketplace Bronze
9	14002TN0320003	B03	S	X	X		Marketplace Bronze
10	14002TN0320004	B04	S	X	X		Marketplace Bronze
11	14002TN0320005	B01	E	X			Marketplace Bronze
12	14002TN0320006	B02	E	X			Marketplace Bronze
13	14002TN0320007	B03	E	X			Marketplace Bronze
14	14002TN0320008	B04	E	X			Marketplace Bronze
15	14002TN0330001	S01	S	X	X		Marketplace Silver_1
16	14002TN0330002	S02	S	X	X		Marketplace Silver_1
17	14002TN0330003	S04	S	X	X		Marketplace Silver_1
18	14002TN0330004	S07	S	X	X		Marketplace Silver_1
19	14002TN0330005	S08	S	X	X		Marketplace Silver_1
20	14002TN0330006	S09	S	X	X		Marketplace Silver_2
21	14002TN0330007	S11	S	X	X		Marketplace Silver_2
22	14002TN0330008	S12	S	X	X		Marketplace Silver_2
23	14002TN0330009	S14	S	X	X		Marketplace Silver_2
24	14002TN0330010	S16	S	X	X		Marketplace Silver_2
25	14002TN0330011	S01	E	X			Marketplace Silver_1
26	14002TN0330012	S02	E	X			Marketplace Silver_1
27	14002TN0330013	S04	E	X			Marketplace Silver_1
28	14002TN0330014	S07	E	X			Marketplace Silver_1
29	14002TN0330015	S08	E	X			Marketplace Silver_1
30	14002TN0330016	S09	E	X			Marketplace Silver_2
31	14002TN0330017	S11	E	X			Marketplace Silver_2
32	14002TN0330018	S12	E	X			Marketplace Silver_2
33	14002TN0330019	S14	E	X			Marketplace Silver_2
34	14002TN0330020	S16	E	X			Marketplace Silver_2
35	14002TN0340001	G01	S	X	X		Marketplace Gold
36	14002TN0340002	G02	S	X	X		Marketplace Gold
37	14002TN0340003	G04	S	X	X		Marketplace Gold
38	14002TN0340004	G06	S	X	X		Marketplace Gold
39	14002TN0340005	G08	S	X	X		Marketplace Gold
40	14002TN0340007	G10	S	X	X		Marketplace Gold
41	14002TN0340008	G11	S	X	X		Marketplace Gold

Plans by HIOS ID with Network and Distribution Locations

	HIOS Plan ID	Policy Form	Network	Market-place	Non-Market-place	Multi-State Plan	File Containing Rates
42	14002TN0340009	G01	E	X			Marketplace Gold
43	14002TN0340010	G02	E	X			Marketplace Gold
44	14002TN0340011	G04	E	X			Marketplace Gold
45	14002TN0340012	G06	E	X			Marketplace Gold
46	14002TN0340013	G08	E	X			Marketplace Gold
47	14002TN0340015	G10	E	X			Marketplace Gold
48	14002TN0340016	G11	E	X			Marketplace Gold
49	14002TN0350001	P01	S	X	X		Marketplace Platinum
50	14002TN0350002	P02	S	X	X		Marketplace Platinum
51	14002TN0350003	P03	S	X	X		Marketplace Platinum
52	14002TN0350004	P01	E	X			Marketplace Platinum
53	14002TN0350005	P02	E	X			Marketplace Platinum
54	14002TN0350006	P03	E	X			Marketplace Platinum
55	14002TN0360001	B05	S		X		Non-Marketplace Bronze
56	14002TN0360002	B06	S		X		Non-Marketplace Bronze
57	14002TN0360003	B01	P		X		Non-Marketplace Bronze
58	14002TN0360004	B02	P		X		Non-Marketplace Bronze
59	14002TN0360005	B03	P		X		Non-Marketplace Bronze
60	14002TN0360006	B04	P		X		Non-Marketplace Bronze
61	14002TN0360007	B05	P		X		Non-Marketplace Bronze
62	14002TN0360008	B06	P		X		Non-Marketplace Bronze
63	14002TN0370001	S03	S		X		Non-Marketplace Silver_3
64	14002TN0370002	S05	S		X		Non-Marketplace Silver_3
65	14002TN0370003	S06	S		X		Non-Marketplace Silver_3
66	14002TN0370004	S10	S		X		Non-Marketplace Silver_3
67	14002TN0370005	S13	S		X		Non-Marketplace Silver_4
68	14002TN0370006	S15	S		X		Non-Marketplace Silver_4
69	14002TN0370008	S18	S		X		Non-Marketplace Silver_4
70	14002TN0370009	S01	P		X		Non-Marketplace Silver_1
71	14002TN0370010	S02	P		X		Non-Marketplace Silver_1
72	14002TN0370011	S03	P		X		Non-Marketplace Silver_3
73	14002TN0370012	S04	P		X		Non-Marketplace Silver_1
74	14002TN0370013	S05	P		X		Non-Marketplace Silver_3
75	14002TN0370014	S06	P		X		Non-Marketplace Silver_3
76	14002TN0370015	S07	P		X		Non-Marketplace Silver_1
77	14002TN0370016	S08	P		X		Non-Marketplace Silver_1
78	14002TN0370017	S09	P		X		Non-Marketplace Silver_2
79	14002TN0370018	S10	P		X		Non-Marketplace Silver_3
80	14002TN0370019	S11	P		X		Non-Marketplace Silver_2
81	14002TN0370020	S12	P		X		Non-Marketplace Silver_2
82	14002TN0370021	S13	P		X		Non-Marketplace Silver_4

Plans by HIOS ID with Network and Distribution Locations

	HIOS Plan ID	Policy Form	Network	Market-place	Non-Market-place	Multi-State Plan	File Containing Rates
83	14002TN0370022	S14	P		X		Non-Marketplace Silver_2
84	14002TN0370023	S15	P		X		Non-Marketplace Silver_4
85	14002TN0370024	S16	P		X		Non-Marketplace Silver_2
86	14002TN0370026	S18	P		X		Non-Marketplace Silver_4
87	14002TN0380001	G03	S		X		Non-Marketplace Gold_2
88	14002TN0380002	G05	S		X		Non-Marketplace Gold_2
89	14002TN0380003	G07	S		X		Non-Marketplace Gold_2
90	14002TN0380004	G01	P		X		Non-Marketplace Gold_1
91	14002TN0380005	G02	P		X		Non-Marketplace Gold_1
92	14002TN0380006	G03	P		X		Non-Marketplace Gold_2
93	14002TN0380007	G04	P		X		Non-Marketplace Gold_1
94	14002TN0380008	G05	P		X		Non-Marketplace Gold_2
95	14002TN0380009	G06	P		X		Non-Marketplace Gold_1
96	14002TN0380010	G07	P		X		Non-Marketplace Gold_2
97	14002TN0380011	G08	P		X		Non-Marketplace Gold_1
98	14002TN0380013	G10	P		X		Non-Marketplace Gold_1
99	14002TN0380014	G11	P		X		Non-Marketplace Gold_1
100	14002TN0390001	P04	S		X		Non-Marketplace Platinum
101	14002TN0390002	P01	P		X		Non-Marketplace Platinum
102	14002TN0390003	P02	P		X		Non-Marketplace Platinum
103	14002TN0390004	P03	P		X		Non-Marketplace Platinum
104	14002TN0390005	P04	P		X		Non-Marketplace Platinum

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	104.77	104.77
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	21	165.00	189.75
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	22	165.00	189.75
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	23	165.00	189.75
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	24	165.00	189.75
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	25	165.66	190.51
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	26	168.96	194.30
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	27	172.92	198.86
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	28	179.35	206.25
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	29	184.63	212.32
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	30	187.27	215.36
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	31	191.23	219.91
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	32	195.19	224.47
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	33	197.67	227.32
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	34	200.31	230.36
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	35	201.63	231.87
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	36	202.95	233.39
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	37	204.27	234.91
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	38	205.59	236.43
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	39	208.22	239.45
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	40	210.87	242.50
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	41	214.83	247.05
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	42	218.62	251.41

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	43	223.90	257.49
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	44	230.51	265.09
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	45	238.25	273.99
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	46	247.50	284.63
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	47	257.90	296.59
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	48	269.77	310.24
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	49	281.49	323.71
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	50	294.68	338.88
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	51	307.72	353.88
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	52	322.07	370.38
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	53	336.60	387.09
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	54	352.27	405.11
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	55	367.95	423.14
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	56	384.94	442.68
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	57	402.10	462.42
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	58	420.42	483.48
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	59	429.49	493.91
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	60	447.81	514.98
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	61	463.64	533.19
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	62	474.04	545.15
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	63	487.07	560.13
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	64	494.83	569.05
14002TN0330011	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	494.83	569.05

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	105.07	105.07
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	21	165.47	190.29
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	22	165.47	190.29
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	23	165.47	190.29
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	24	165.47	190.29
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	25	166.13	191.05
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	26	169.44	194.86
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	27	173.41	199.42
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	28	179.86	206.84
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	29	185.15	212.92
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	30	187.80	215.97
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	31	191.77	220.54
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	32	195.75	225.11
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	33	198.23	227.96
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	34	200.88	231.01
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	35	202.20	232.53
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	36	203.53	234.06
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	37	204.85	235.58
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	38	206.17	237.10
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	39	208.81	240.13
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	40	211.46	243.18
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	41	215.43	247.74
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	42	219.24	252.13

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	43	224.54	258.22
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	44	231.16	265.83
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	45	238.93	274.77
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	46	248.20	285.43
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	47	258.63	297.42
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	48	270.53	311.11
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	49	282.29	324.63
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	50	295.52	339.85
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	51	308.59	354.88
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	52	322.99	371.44
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	53	337.55	388.18
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	54	353.27	406.26
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	55	368.99	424.34
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	56	386.03	443.93
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	57	403.24	463.73
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	58	421.61	484.85
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	59	430.70	495.31
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	60	449.07	516.43
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	61	464.96	534.70
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	62	475.38	546.69
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	63	488.45	561.72
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	64	496.23	570.66
14002TN0330011	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	496.23	570.66

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	105.46	105.46
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	21	166.09	191.00
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	22	166.09	191.00
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	23	166.09	191.00
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	24	166.09	191.00
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	25	166.75	191.76
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	26	170.07	195.58
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	27	174.06	200.17
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	28	180.53	207.61
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	29	185.85	213.73
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	30	188.51	216.79
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	31	192.49	221.36
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	32	196.48	225.95
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	33	198.97	228.82
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	34	201.63	231.87
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	35	202.96	233.40
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	36	204.29	234.93
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	37	205.62	236.46
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	38	206.95	237.99
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	39	209.60	241.04
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	40	212.26	244.10
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	41	216.24	248.68
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	42	220.06	253.07

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	43	225.38	259.19
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	44	232.03	266.83
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	45	239.83	275.80
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	46	249.13	286.50
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	47	259.60	298.54
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	48	271.55	312.28
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	49	283.35	325.85
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	50	296.63	341.12
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	51	309.75	356.21
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	52	324.20	372.83
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	53	338.82	389.64
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	54	354.59	407.78
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	55	370.38	425.94
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	56	387.48	445.60
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	57	404.75	465.46
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	58	423.19	486.67
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	59	432.32	497.17
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	60	450.76	518.37
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	61	466.70	536.71
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	62	477.17	548.75
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	63	490.28	563.82
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	64	498.09	572.80
14002TN0330011	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	498.09	572.80

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	108.30	108.30
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	21	170.55	196.13
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	22	170.55	196.13
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	23	170.55	196.13
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	24	170.55	196.13
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	25	171.23	196.91
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	26	174.65	200.85
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	27	178.74	205.55
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	28	185.39	213.20
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	29	190.85	219.48
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	30	193.58	222.62
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	31	197.67	227.32
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	32	201.76	232.02
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	33	204.32	234.97
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	34	207.05	238.11
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	35	208.42	239.68
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	36	209.78	241.25
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	37	211.15	242.82
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	38	212.51	244.39
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	39	215.23	247.51
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	40	217.96	250.65
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	41	222.06	255.37
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	42	225.98	259.88

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	43	231.44	266.16
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	44	238.27	274.01
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	45	246.27	283.21
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	46	255.83	294.20
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	47	266.58	306.57
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	48	278.85	320.68
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	49	290.96	334.60
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	50	304.60	350.29
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	51	318.08	365.79
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	52	332.92	382.86
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	53	347.93	400.12
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	54	364.13	418.75
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	55	380.34	437.39
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	56	397.90	457.59
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	57	415.63	477.97
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	58	434.57	499.76
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	59	443.94	510.53
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	60	462.88	532.31
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	61	479.25	551.14
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	62	490.00	563.50
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	63	503.47	578.99
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	64	511.49	588.21
14002TN0330011	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	511.49	588.21

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	120.50	120.50
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	21	189.77	218.24
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	22	189.77	218.24
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	23	189.77	218.24
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	24	189.77	218.24
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	25	190.53	219.11
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	26	194.33	223.48
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	27	198.88	228.71
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	28	206.28	237.22
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	29	212.35	244.20
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	30	215.39	247.70
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	31	219.94	252.93
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	32	224.50	258.18
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	33	227.35	261.45
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	34	230.38	264.94
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	35	231.90	266.69
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	36	233.42	268.43
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	37	234.94	270.18
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	38	236.46	271.93
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	39	239.49	275.41
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	40	242.52	278.90
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	41	247.08	284.14
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	42	251.45	289.17

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	43	257.52	296.15
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	44	265.11	304.88
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	45	274.03	315.13
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	46	284.66	327.36
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	47	296.62	341.11
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	48	310.27	356.81
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	49	323.75	372.31
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	50	338.93	389.77
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	51	353.92	407.01
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	52	370.43	425.99
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	53	387.13	445.20
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	54	405.16	465.93
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	55	423.19	486.67
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	56	442.74	509.15
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	57	462.47	531.84
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	58	483.54	556.07
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	59	493.97	568.07
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	60	515.04	592.30
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	61	533.25	613.24
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	62	545.21	626.99
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	63	560.20	644.23
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	64	569.12	654.49
14002TN0330001	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	569.12	654.49

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	113.27	113.27
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	21	178.38	205.14
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	22	178.38	205.14
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	23	178.38	205.14
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	24	178.38	205.14
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	25	179.09	205.95
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	26	182.66	210.06
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	27	186.94	214.98
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	28	193.89	222.97
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	29	199.60	229.54
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	30	202.46	232.83
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	31	206.74	237.75
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	32	211.02	242.67
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	33	213.70	245.76
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	34	216.55	249.03
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	35	217.98	250.68
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	36	219.41	252.32
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	37	220.83	253.95
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	38	222.26	255.60
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	39	225.11	258.88
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	40	227.96	262.15
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	41	232.24	267.08
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	42	236.35	271.80

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	43	242.06	278.37
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	44	249.20	286.58
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	45	257.57	296.21
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	46	267.56	307.69
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	47	278.81	320.63
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	48	291.64	335.39
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	49	304.31	349.96
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	50	318.58	366.37
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	51	332.67	382.57
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	52	348.19	400.42
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	53	363.89	418.47
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	54	380.83	437.95
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	55	397.78	457.45
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	56	416.15	478.57
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	57	434.70	499.91
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	58	454.51	522.69
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	59	464.31	533.96
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	60	484.12	556.74
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	61	501.24	576.43
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	62	512.48	589.35
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	63	526.57	605.56
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	64	534.95	615.19
14002TN0330001	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	534.95	615.19

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	116.74	116.74
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	21	183.85	211.43
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	22	183.85	211.43
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	23	183.85	211.43
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	24	183.85	211.43
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	25	184.59	212.28
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	26	188.26	216.50
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	27	192.68	221.58
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	28	199.84	229.82
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	29	205.73	236.59
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	30	208.67	239.97
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	31	213.08	245.04
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	32	217.50	250.13
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	33	220.25	253.29
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	34	223.20	256.68
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	35	224.67	258.37
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	36	226.14	260.06
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	37	227.61	261.75
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	38	229.08	263.44
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	39	232.01	266.81
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	40	234.96	270.20
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	41	239.37	275.28
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	42	243.60	280.14

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	43	249.49	286.91
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	44	256.84	295.37
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	45	265.48	305.30
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	46	275.77	317.14
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	47	287.36	330.46
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	48	300.59	345.68
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	49	313.65	360.70
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	50	328.35	377.60
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	51	342.88	394.31
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	52	358.87	412.70
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	53	375.06	431.32
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	54	392.52	451.40
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	55	409.99	471.49
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	56	428.92	493.26
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	57	448.04	515.25
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	58	468.45	538.72
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	59	478.56	550.34
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	60	498.97	573.82
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	61	516.62	594.11
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	62	528.20	607.43
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	63	542.72	624.13
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	64	551.37	634.08
14002TN0330001	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	551.37	634.08

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	124.07	124.07
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	21	195.40	224.71
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	22	195.40	224.71
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	23	195.40	224.71
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	24	195.40	224.71
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	25	196.18	225.61
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	26	200.09	230.10
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	27	204.78	235.50
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	28	212.39	244.25
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	29	218.64	251.44
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	30	221.77	255.04
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	31	226.46	260.43
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	32	231.15	265.82
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	33	234.09	269.20
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	34	237.21	272.79
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	35	238.78	274.60
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	36	240.34	276.39
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	37	241.90	278.19
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	38	243.47	279.99
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	39	246.58	283.57
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	40	249.71	287.17
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	41	254.40	292.56
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	42	258.90	297.74

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	43	265.15	304.92
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	44	272.97	313.92
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	45	282.15	324.47
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	46	293.09	337.05
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	47	305.41	351.22
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	48	319.47	367.39
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	49	333.35	383.35
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	50	348.97	401.32
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	51	364.41	419.07
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	52	381.41	438.62
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	53	398.61	458.40
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	54	417.17	479.75
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	55	435.74	501.10
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	56	455.86	524.24
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	57	476.18	547.61
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	58	497.87	572.55
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	59	508.61	584.90
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	60	530.31	609.86
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	61	549.06	631.42
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	62	561.37	645.58
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	63	576.80	663.32
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	64	585.99	673.89
14002TN0330001	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	585.99	673.89

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	125.55	125.55
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	21	197.71	227.37
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	22	197.71	227.37
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	23	197.71	227.37
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	24	197.71	227.37
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	25	198.51	228.29
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	26	202.46	232.83
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	27	207.21	238.29
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	28	214.91	247.15
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	29	221.24	254.43
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	30	224.40	258.06
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	31	229.15	263.52
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	32	233.90	268.99
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	33	236.86	272.39
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	34	240.03	276.03
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	35	241.61	277.85
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	36	243.19	279.67
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	37	244.78	281.50
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	38	246.36	283.31
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	39	249.51	286.94
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	40	252.68	290.58
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	41	257.42	296.03
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	42	261.97	301.27

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	43	268.30	308.55
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	44	276.21	317.64
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	45	285.50	328.33
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	46	296.57	341.06
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	47	309.03	355.38
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	48	323.26	371.75
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	49	337.30	387.90
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	50	353.12	406.09
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	51	368.74	424.05
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	52	385.94	443.83
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	53	403.34	463.84
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	54	422.12	485.44
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	55	440.91	507.05
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	56	461.27	530.46
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	57	481.83	554.10
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	58	503.78	579.35
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	59	514.65	591.85
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	60	536.60	617.09
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	61	555.58	638.92
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	62	568.04	653.25
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	63	583.65	671.20
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	64	592.95	681.89
14002TN0330001	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	592.95	681.89

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	120.33	120.33
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	21	189.50	217.93
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	22	189.50	217.93
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	23	189.50	217.93
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	24	189.50	217.93
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	25	190.26	218.80
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	26	194.05	223.16
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	27	198.60	228.39
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	28	205.98	236.88
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	29	212.05	243.86
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	30	215.08	247.34
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	31	219.63	252.57
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	32	224.18	257.81
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	33	227.03	261.08
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	34	230.06	264.57
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	35	231.58	266.32
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	36	233.09	268.05
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	37	234.61	269.80
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	38	236.13	271.55
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	39	239.15	275.02
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	40	242.18	278.51
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	41	246.73	283.74
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	42	251.09	288.75

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	43	257.16	295.73
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	44	264.74	304.45
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	45	273.64	314.69
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	46	284.25	326.89
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	47	296.20	340.63
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	48	309.84	356.32
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	49	323.29	371.78
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	50	338.45	389.22
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	51	353.42	406.43
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	52	369.91	425.40
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	53	386.59	444.58
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	54	404.59	465.28
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	55	422.59	485.98
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	56	442.11	508.43
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	57	461.81	531.08
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	58	482.86	555.29
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	59	493.27	567.26
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	60	514.31	591.46
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	61	532.50	612.38
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	62	544.44	626.11
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	63	559.41	643.32
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	64	568.32	653.57
14002TN0330001	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	568.32	653.57

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	112.48	112.48
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	21	177.14	203.71
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	22	177.14	203.71
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	23	177.14	203.71
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	24	177.14	203.71
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	25	177.85	204.53
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	26	181.39	208.60
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	27	185.65	213.50
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	28	192.55	221.43
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	29	198.22	227.95
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	30	201.05	231.21
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	31	205.31	236.11
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	32	209.56	240.99
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	33	212.22	244.05
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	34	215.05	247.31
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	35	216.47	248.94
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	36	217.89	250.57
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	37	219.30	252.20
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	38	220.72	253.83
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	39	223.55	257.08
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	40	226.38	260.34
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	41	230.63	265.22
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	42	234.71	269.92

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	43	240.38	276.44
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	44	247.47	284.59
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	45	255.79	294.16
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	46	265.71	305.57
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	47	276.87	318.40
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	48	289.62	333.06
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	49	302.20	347.53
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	50	316.37	363.83
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	51	330.37	379.93
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	52	345.78	397.65
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	53	361.37	415.58
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	54	378.19	434.92
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	55	395.03	454.28
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	56	413.27	475.26
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	57	431.69	496.44
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	58	451.36	519.06
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	59	461.09	530.25
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	60	480.76	552.87
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	61	497.76	572.42
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	62	508.93	585.27
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	63	522.92	601.36
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	64	531.24	610.93
14002TN0330001	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	531.24	610.93

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	125.91	125.91
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	21	198.28	228.02
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	22	198.28	228.02
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	23	198.28	228.02
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	24	198.28	228.02
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	25	199.08	228.94
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	26	203.04	233.50
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	27	207.80	238.97
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	28	215.53	247.86
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	29	221.88	255.16
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	30	225.05	258.81
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	31	229.81	264.28
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	32	234.57	269.76
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	33	237.54	273.17
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	34	240.72	276.83
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	35	242.31	278.66
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	36	243.89	280.47
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	37	245.48	282.30
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	38	247.07	284.13
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	39	250.23	287.76
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	40	253.40	291.41
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	41	258.16	296.88
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	42	262.72	302.13

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	43	269.07	309.43
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	44	277.01	318.56
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	45	286.32	329.27
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	46	297.42	342.03
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	47	309.92	356.41
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	48	324.19	372.82
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	49	338.27	389.01
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	50	354.13	407.25
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	51	369.80	425.27
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	52	387.05	445.11
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	53	404.50	465.18
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	54	423.33	486.83
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	55	442.17	508.50
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	56	462.59	531.98
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	57	483.21	555.69
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	58	505.23	581.01
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	59	516.13	593.55
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	60	538.14	618.86
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	61	557.17	640.75
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	62	569.67	655.12
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	63	585.33	673.13
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	64	594.65	683.85
14002TN0330001	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	594.65	683.85

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	96.48	96.48
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	21	151.92	174.71
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	22	151.92	174.71
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	23	151.92	174.71
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	24	151.92	174.71
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	25	152.53	175.41
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	26	155.57	178.91
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	27	159.21	183.09
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	28	165.15	189.92
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	29	170.00	195.50
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	30	172.43	198.29
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	31	176.08	202.49
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	32	179.72	206.68
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	33	182.01	209.31
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	34	184.44	212.11
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	35	185.66	213.51
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	36	186.86	214.89
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	37	188.08	216.29
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	38	189.30	217.70
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	39	191.73	220.49
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	40	194.16	223.28
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	41	197.81	227.48
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	42	201.30	231.50

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	43	206.17	237.10
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	44	212.24	244.08
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	45	219.38	252.29
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	46	227.89	262.07
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	47	237.46	273.08
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	48	248.40	285.66
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	49	259.18	298.06
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	50	271.33	312.03
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	51	283.34	325.84
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	52	296.56	341.04
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	53	309.93	356.42
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	54	324.36	373.01
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	55	338.79	389.61
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	56	354.44	407.61
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	57	370.24	425.78
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	58	387.10	445.17
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	59	395.46	454.78
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	60	412.32	474.17
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	61	426.91	490.95
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	62	436.48	501.95
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	63	448.49	515.76
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	64	455.63	523.97
14002TN0330012	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	455.63	523.97

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	96.75	96.75
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	21	152.35	175.20
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	22	152.35	175.20
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	23	152.35	175.20
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	24	152.35	175.20
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	25	152.96	175.90
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	26	156.01	179.41
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	27	159.66	183.61
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	28	165.61	190.45
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	29	170.48	196.05
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	30	172.92	198.86
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	31	176.58	203.07
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	32	180.23	207.26
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	33	182.52	209.90
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	34	184.96	212.70
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	35	186.18	214.11
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	36	187.39	215.50
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	37	188.61	216.90
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	38	189.83	218.30
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	39	192.27	221.11
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	40	194.71	223.92
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	41	198.37	228.13
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	42	201.87	232.15

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	43	206.75	237.76
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	44	212.84	244.77
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	45	220.00	253.00
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	46	228.54	262.82
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	47	238.13	273.85
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	48	249.10	286.47
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	49	259.91	298.90
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	50	272.10	312.92
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	51	284.14	326.76
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	52	297.40	342.01
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	53	310.81	357.43
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	54	325.28	374.07
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	55	339.75	390.71
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	56	355.44	408.76
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	57	371.29	426.98
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	58	388.20	446.43
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	59	396.58	456.07
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	60	413.49	475.51
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	61	428.12	492.34
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	62	437.72	503.38
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	63	449.75	517.21
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	64	456.92	525.46
14002TN0330012	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	456.92	525.46

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	97.11	97.11
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	21	152.93	175.87
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	22	152.93	175.87
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	23	152.93	175.87
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	24	152.93	175.87
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	25	153.54	176.57
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	26	156.60	180.09
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	27	160.26	184.30
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	28	166.24	191.18
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	29	171.12	196.79
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	30	173.57	199.61
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	31	177.24	203.83
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	32	180.91	208.05
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	33	183.21	210.69
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	34	185.66	213.51
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	35	186.88	214.91
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	36	188.10	216.32
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	37	189.32	217.72
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	38	190.54	219.12
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	39	192.99	221.94
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	40	195.44	224.76
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	41	199.11	228.98
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	42	202.63	233.02

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	43	207.52	238.65
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	44	213.64	245.69
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	45	220.82	253.94
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	46	229.39	263.80
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	47	239.02	274.87
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	48	250.04	287.55
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	49	260.89	300.02
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	50	273.12	314.09
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	51	285.21	327.99
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	52	298.52	343.30
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	53	311.97	358.77
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	54	326.50	375.48
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	55	341.02	392.17
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	56	356.78	410.30
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	57	372.68	428.58
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	58	389.66	448.11
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	59	398.07	457.78
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	60	415.04	477.30
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	61	429.72	494.18
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	62	439.36	505.26
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	63	451.44	519.16
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	64	458.63	527.42
14002TN0330012	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	458.63	527.42

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	99.72	99.72
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	21	157.04	180.60
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	22	157.04	180.60
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	23	157.04	180.60
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	24	157.04	180.60
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	25	157.67	181.32
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	26	160.81	184.93
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	27	164.57	189.26
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	28	170.71	196.32
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	29	175.72	202.08
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	30	178.24	204.98
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	31	182.01	209.31
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	32	185.77	213.64
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	33	188.13	216.35
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	34	190.65	219.25
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	35	191.91	220.70
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	36	193.15	222.12
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	37	194.41	223.57
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	38	195.67	225.02
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	39	198.18	227.91
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	40	200.70	230.81
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	41	204.47	235.14
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	42	208.08	239.29

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	43	213.11	245.08
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	44	219.38	252.29
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	45	226.76	260.77
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	46	235.56	270.89
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	47	245.45	282.27
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	48	256.76	295.27
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	49	267.91	308.10
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	50	280.47	322.54
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	51	292.88	336.81
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	52	306.54	352.52
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	53	320.36	368.41
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	54	335.28	385.57
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	55	350.19	402.72
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	56	366.37	421.33
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	57	382.71	440.12
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	58	400.13	460.15
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	59	408.77	470.09
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	60	426.20	490.13
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	61	441.28	507.47
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	62	451.17	518.85
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	63	463.58	533.12
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	64	470.96	541.60
14002TN0330012	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	470.96	541.60

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	110.96	110.96
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	21	174.73	200.94
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	22	174.73	200.94
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	23	174.73	200.94
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	24	174.73	200.94
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	25	175.43	201.74
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	26	178.93	205.77
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	27	183.12	210.59
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	28	189.94	218.43
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	29	195.53	224.86
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	30	198.32	228.07
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	31	202.52	232.90
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	32	206.71	237.72
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	33	209.33	240.73
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	34	212.13	243.95
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	35	213.53	245.56
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	36	214.92	247.16
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	37	216.32	248.77
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	38	217.72	250.38
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	39	220.51	253.59
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	40	223.31	256.81
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	41	227.51	261.64
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	42	231.52	266.25

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	43	237.12	272.69
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	44	244.10	280.72
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	45	252.31	290.16
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	46	262.11	301.43
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	47	273.11	314.08
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	48	285.70	328.56
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	49	298.09	342.80
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	50	312.07	358.88
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	51	325.88	374.76
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	52	341.09	392.25
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	53	356.46	409.93
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	54	373.06	429.02
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	55	389.65	448.10
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	56	407.66	468.81
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	57	425.83	489.70
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	58	445.22	512.00
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	59	454.83	523.05
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	60	474.23	545.36
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	61	491.00	564.65
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	62	502.01	577.31
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	63	515.82	593.19
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	64	524.03	602.63
14002TN0330002	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	524.03	602.63

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	104.30	104.30
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	21	164.24	188.88
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	22	164.24	188.88
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	23	164.24	188.88
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	24	164.24	188.88
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	25	164.90	189.64
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	26	168.19	193.42
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	27	172.12	197.94
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	28	178.54	205.32
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	29	183.79	211.36
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	30	186.42	214.38
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	31	190.36	218.91
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	32	194.29	223.43
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	33	196.76	226.27
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	34	199.39	229.30
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	35	200.71	230.82
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	36	202.01	232.31
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	37	203.33	233.83
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	38	204.64	235.34
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	39	207.27	238.36
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	40	209.90	241.39
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	41	213.85	245.93
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	42	217.62	250.26

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	43	222.88	256.31
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	44	229.45	263.87
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	45	237.17	272.75
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	46	246.37	283.33
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	47	256.71	295.22
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	48	268.54	308.82
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	49	280.20	322.23
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	50	293.33	337.33
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	51	306.31	352.26
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	52	320.61	368.70
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	53	335.06	385.32
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	54	350.66	403.26
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	55	366.26	421.20
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	56	383.18	440.66
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	57	400.26	460.30
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	58	418.49	481.26
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	59	427.53	491.66
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	60	445.75	512.61
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	61	461.52	530.75
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	62	471.87	542.65
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	63	484.85	557.58
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	64	492.57	566.46
14002TN0330002	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	492.57	566.46

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	107.50	107.50
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	21	169.28	194.67
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	22	169.28	194.67
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	23	169.28	194.67
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	24	169.28	194.67
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	25	169.96	195.45
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	26	173.35	199.35
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	27	177.40	204.01
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	28	184.01	211.61
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	29	189.43	217.84
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	30	192.14	220.96
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	31	196.20	225.63
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	32	200.26	230.30
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	33	202.80	233.22
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	34	205.51	236.34
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	35	206.87	237.90
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	36	208.21	239.44
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	37	209.57	241.01
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	38	210.92	242.56
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	39	213.63	245.67
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	40	216.34	248.79
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	41	220.41	253.47
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	42	224.30	257.95

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	43	229.72	264.18
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	44	236.49	271.96
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	45	244.44	281.11
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	46	253.93	292.02
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	47	264.59	304.28
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	48	276.78	318.30
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	49	288.79	332.11
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	50	302.34	347.69
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	51	315.71	363.07
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	52	330.44	380.01
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	53	345.34	397.14
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	54	361.42	415.63
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	55	377.50	434.13
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	56	394.94	454.18
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	57	412.54	474.42
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	58	431.33	496.03
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	59	440.64	506.74
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	60	459.43	528.34
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	61	475.68	547.03
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	62	486.35	559.30
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	63	499.73	574.69
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	64	507.68	583.83
14002TN0330002	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	507.68	583.83

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	114.25	114.25
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	21	179.91	206.90
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	22	179.91	206.90
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	23	179.91	206.90
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	24	179.91	206.90
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	25	180.63	207.72
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	26	184.23	211.86
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	27	188.54	216.82
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	28	195.57	224.91
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	29	201.32	231.52
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	30	204.20	234.83
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	31	208.52	239.80
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	32	212.83	244.75
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	33	215.54	247.87
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	34	218.42	251.18
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	35	219.86	252.84
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	36	221.29	254.48
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	37	222.73	256.14
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	38	224.17	257.80
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	39	227.05	261.11
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	40	229.93	264.42
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	41	234.25	269.39
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	42	238.39	274.15

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	43	244.15	280.77
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	44	251.34	289.04
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	45	259.79	298.76
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	46	269.88	310.36
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	47	281.20	323.38
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	48	294.16	338.28
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	49	306.93	352.97
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	50	321.32	369.52
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	51	335.54	385.87
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	52	351.20	403.88
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	53	367.03	422.08
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	54	384.11	441.73
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	55	401.20	461.38
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	56	419.74	482.70
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	57	438.45	504.22
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	58	458.42	527.18
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	59	468.32	538.57
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	60	488.28	561.52
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	61	505.56	581.39
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	62	516.89	594.42
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	63	531.11	610.78
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	64	539.57	620.51
14002TN0330002	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	539.57	620.51

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	115.61	115.61
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	21	182.05	209.36
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	22	182.05	209.36
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	23	182.05	209.36
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	24	182.05	209.36
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	25	182.78	210.20
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	26	186.42	214.38
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	27	190.78	219.40
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	28	197.89	227.57
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	29	203.71	234.27
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	30	206.63	237.62
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	31	211.00	242.65
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	32	215.36	247.66
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	33	218.10	250.82
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	34	221.01	254.16
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	35	222.47	255.84
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	36	223.92	257.51
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	37	225.37	259.18
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	38	226.83	260.85
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	39	229.74	264.20
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	40	232.66	267.56
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	41	237.03	272.58
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	42	241.22	277.40

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	43	247.04	284.10
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	44	254.32	292.47
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	45	262.88	302.31
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	46	273.08	314.04
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	47	284.54	327.22
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	48	297.65	342.30
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	49	310.57	357.16
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	50	325.14	373.91
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	51	339.52	390.45
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	52	355.36	408.66
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	53	371.38	427.09
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	54	388.67	446.97
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	55	405.96	466.85
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	56	424.72	488.43
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	57	443.66	510.21
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	58	463.86	533.44
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	59	473.87	544.95
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	60	494.08	568.19
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	61	511.56	588.29
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	62	523.03	601.48
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	63	537.41	618.02
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	64	545.97	627.87
14002TN0330002	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	545.97	627.87

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	110.80	110.80
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	21	174.49	200.66
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	22	174.49	200.66
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	23	174.49	200.66
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	24	174.49	200.66
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	25	175.19	201.47
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	26	178.68	205.48
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	27	182.86	210.29
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	28	189.67	218.12
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	29	195.25	224.54
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	30	198.04	227.75
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	31	202.23	232.56
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	32	206.41	237.37
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	33	209.04	240.40
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	34	211.83	243.60
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	35	213.23	245.21
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	36	214.61	246.80
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	37	216.01	248.41
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	38	217.41	250.02
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	39	220.20	253.23
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	40	223.00	256.45
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	41	227.19	261.27
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	42	231.20	265.88

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	43	236.78	272.30
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	44	243.76	280.32
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	45	251.96	289.75
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	46	261.74	301.00
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	47	272.72	313.63
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	48	285.29	328.08
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	49	297.67	342.32
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	50	311.63	358.37
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	51	325.42	374.23
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	52	340.60	391.69
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	53	355.96	409.35
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	54	372.53	428.41
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	55	389.10	447.47
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	56	407.08	468.14
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	57	425.23	489.01
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	58	444.59	511.28
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	59	454.19	522.32
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	60	473.56	544.59
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	61	490.31	563.86
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	62	501.30	576.50
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	63	515.09	592.35
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	64	523.29	601.78
14002TN0330002	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	523.29	601.78

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	103.58	103.58
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	21	163.10	187.57
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	22	163.10	187.57
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	23	163.10	187.57
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	24	163.10	187.57
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	25	163.76	188.32
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	26	167.02	192.07
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	27	170.93	196.57
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	28	177.30	203.90
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	29	182.51	209.89
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	30	185.12	212.89
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	31	189.04	217.40
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	32	192.95	221.89
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	33	195.40	224.71
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	34	198.01	227.71
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	35	199.32	229.22
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	36	200.61	230.70
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	37	201.92	232.21
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	38	203.23	233.71
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	39	205.84	236.72
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	40	208.45	239.72
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	41	212.37	244.23
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	42	216.11	248.53

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	43	221.34	254.54
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	44	227.86	262.04
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	45	235.52	270.85
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	46	244.66	281.36
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	47	254.93	293.17
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	48	266.68	306.68
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	49	278.25	319.99
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	50	291.30	335.00
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	51	304.19	349.82
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	52	318.38	366.14
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	53	332.74	382.65
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	54	348.23	400.46
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	55	363.72	418.28
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	56	380.52	437.60
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	57	397.49	457.11
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	58	415.59	477.93
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	59	424.56	488.24
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	60	442.66	509.06
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	61	458.32	527.07
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	62	468.60	538.89
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	63	481.49	553.71
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	64	489.15	562.52
14002TN0330002	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	489.15	562.52

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	115.94	115.94
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	21	182.57	209.96
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	22	182.57	209.96
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	23	182.57	209.96
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	24	182.57	209.96
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	25	183.30	210.80
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	26	186.96	215.00
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	27	191.33	220.03
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	28	198.46	228.23
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	29	204.30	234.95
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	30	207.22	238.30
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	31	211.60	243.34
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	32	215.98	248.38
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	33	218.72	251.53
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	34	221.65	254.90
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	35	223.11	256.58
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	36	224.56	258.24
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	37	226.02	259.92
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	38	227.48	261.60
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	39	230.40	264.96
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	40	233.33	268.33
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	41	237.71	273.37
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	42	241.91	278.20

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	43	247.75	284.91
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	44	255.05	293.31
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	45	263.63	303.17
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	46	273.86	314.94
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	47	285.36	328.16
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	48	298.51	343.29
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	49	311.47	358.19
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	50	326.07	374.98
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	51	340.50	391.58
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	52	356.39	409.85
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	53	372.45	428.32
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	54	389.79	448.26
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	55	407.13	468.20
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	56	425.94	489.83
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	57	444.93	511.67
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	58	465.19	534.97
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	59	475.24	546.53
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	60	495.50	569.83
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	61	513.03	589.98
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	62	524.53	603.21
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	63	538.96	619.80
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	64	547.54	629.67
14002TN0330002	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	547.54	629.67

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	89.27	89.27
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	21	140.59	161.68
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	22	140.59	161.68
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	23	140.59	161.68
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	24	140.59	161.68
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	25	141.15	162.32
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	26	143.96	165.55
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	27	147.34	169.44
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	28	152.82	175.74
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	29	157.32	180.92
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	30	159.57	183.51
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	31	162.94	187.38
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	32	166.32	191.27
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	33	168.42	193.68
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	34	170.67	196.27
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	35	171.80	197.57
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	36	172.92	198.86
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	37	174.05	200.16
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	38	175.17	201.45
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	39	177.42	204.03
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	40	179.67	206.62
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	41	183.05	210.51
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	42	186.28	214.22

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	43	190.78	219.40
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	44	196.40	225.86
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	45	203.01	233.46
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	46	210.88	242.51
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	47	219.74	252.70
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	48	229.86	264.34
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	49	239.84	275.82
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	50	251.09	288.75
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	51	262.20	301.53
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	52	274.43	315.59
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	53	286.80	329.82
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	54	300.16	345.18
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	55	313.51	360.54
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	56	327.99	377.19
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	57	342.61	394.00
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	58	358.22	411.95
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	59	365.95	420.84
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	60	381.55	438.78
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	61	395.05	454.31
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	62	403.91	464.50
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	63	415.02	477.27
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	64	421.63	484.87
14002TN0330013	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	421.63	484.87

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	89.53	89.53
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	21	140.99	162.14
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	22	140.99	162.14
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	23	140.99	162.14
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	24	140.99	162.14
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	25	141.55	162.78
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	26	144.37	166.03
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	27	147.75	169.91
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	28	153.25	176.24
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	29	157.76	181.42
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	30	160.02	184.02
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	31	163.40	187.91
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	32	166.79	191.81
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	33	168.90	194.24
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	34	171.15	196.82
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	35	172.29	198.13
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	36	173.41	199.42
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	37	174.54	200.72
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	38	175.67	202.02
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	39	177.92	204.61
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	40	180.18	207.21
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	41	183.57	211.11
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	42	186.81	214.83

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	43	191.32	220.02
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	44	196.96	226.50
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	45	203.59	234.13
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	46	211.48	243.20
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	47	220.36	253.41
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	48	230.51	265.09
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	49	240.52	276.60
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	50	251.80	289.57
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	51	262.94	302.38
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	52	275.20	316.48
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	53	287.61	330.75
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	54	301.01	346.16
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	55	314.40	361.56
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	56	328.92	378.26
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	57	343.58	395.12
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	58	359.23	413.11
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	59	366.99	422.04
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	60	382.63	440.02
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	61	396.17	455.60
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	62	405.06	465.82
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	63	416.19	478.62
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	64	422.82	486.24
14002TN0330013	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	422.82	486.24

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	89.86	89.86
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	21	141.52	162.75
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	22	141.52	162.75
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	23	141.52	162.75
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	24	141.52	162.75
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	25	142.08	163.39
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	26	144.91	166.65
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	27	148.31	170.56
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	28	153.83	176.90
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	29	158.36	182.11
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	30	160.62	184.71
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	31	164.01	188.61
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	32	167.42	192.53
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	33	169.53	194.96
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	34	171.80	197.57
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	35	172.93	198.87
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	36	174.06	200.17
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	37	175.20	201.48
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	38	176.33	202.78
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	39	178.59	205.38
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	40	180.86	207.99
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	41	184.26	211.90
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	42	187.51	215.64

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	43	192.04	220.85
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	44	197.70	227.36
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	45	204.35	235.00
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	46	212.27	244.11
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	47	221.19	254.37
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	48	231.38	266.09
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	49	241.43	277.64
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	50	252.75	290.66
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	51	263.92	303.51
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	52	276.24	317.68
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	53	288.69	331.99
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	54	302.14	347.46
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	55	315.58	362.92
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	56	330.15	379.67
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	57	344.87	396.60
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	58	360.58	414.67
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	59	368.36	423.61
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	60	384.07	441.68
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	61	397.66	457.31
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	62	406.58	467.57
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	63	417.75	480.41
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	64	424.41	488.07
14002TN0330013	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	424.41	488.07

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	92.28	92.28
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	21	145.32	167.12
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	22	145.32	167.12
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	23	145.32	167.12
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	24	145.32	167.12
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	25	145.90	167.79
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	26	148.80	171.12
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	27	152.30	175.15
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	28	157.96	181.65
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	29	162.61	187.00
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	30	164.94	189.68
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	31	168.42	193.68
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	32	171.92	197.71
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	33	174.09	200.20
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	34	176.42	202.88
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	35	177.58	204.22
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	36	178.74	205.55
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	37	179.91	206.90
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	38	181.07	208.23
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	39	183.39	210.90
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	40	185.72	213.58
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	41	189.21	217.59
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	42	192.55	221.43

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	43	197.20	226.78
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	44	203.01	233.46
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	45	209.85	241.33
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	46	217.98	250.68
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	47	227.14	261.21
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	48	237.60	273.24
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	49	247.92	285.11
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	50	259.55	298.48
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	51	271.02	311.67
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	52	283.66	326.21
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	53	296.45	340.92
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	54	310.26	356.80
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	55	324.06	372.67
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	56	339.03	389.88
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	57	354.14	407.26
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	58	370.28	425.82
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	59	378.27	435.01
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	60	394.40	453.56
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	61	408.35	469.60
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	62	417.51	480.14
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	63	428.99	493.34
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	64	435.82	501.19
14002TN0330013	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	435.82	501.19

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	102.68	102.68
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	21	161.70	185.96
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	22	161.70	185.96
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	23	161.70	185.96
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	24	161.70	185.96
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	25	162.35	186.70
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	26	165.57	190.41
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	27	169.46	194.88
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	28	175.76	202.12
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	29	180.94	208.08
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	30	183.53	211.06
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	31	187.40	215.51
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	32	191.29	219.98
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	33	193.71	222.77
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	34	196.29	225.73
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	35	197.59	227.23
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	36	198.88	228.71
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	37	200.18	230.21
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	38	201.47	231.69
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	39	204.06	234.67
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	40	206.65	237.65
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	41	210.53	242.11
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	42	214.25	246.39

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	43	219.42	252.33
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	44	225.89	259.77
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	45	233.49	268.51
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	46	242.54	278.92
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	47	252.73	290.64
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	48	264.37	304.03
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	49	275.85	317.23
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	50	288.79	332.11
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	51	301.56	346.79
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	52	315.63	362.97
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	53	329.86	379.34
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	54	345.22	397.00
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	55	360.58	414.67
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	56	377.23	433.81
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	57	394.05	453.16
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	58	412.00	473.80
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	59	420.89	484.02
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	60	438.84	504.67
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	61	454.36	522.51
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	62	464.56	534.24
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	63	477.32	548.92
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	64	484.93	557.67
14002TN0330003	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	484.93	557.67

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	96.51	96.51
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	21	151.99	174.79
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	22	151.99	174.79
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	23	151.99	174.79
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	24	151.99	174.79
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	25	152.60	175.49
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	26	155.63	178.97
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	27	159.28	183.17
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	28	165.21	189.99
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	29	170.07	195.58
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	30	172.51	198.39
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	31	176.15	202.57
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	32	179.80	206.77
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	33	182.08	209.39
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	34	184.51	212.19
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	35	185.73	213.59
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	36	186.94	214.98
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	37	188.16	216.38
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	38	189.37	217.78
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	39	191.81	220.58
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	40	194.24	223.38
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	41	197.89	227.57
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	42	201.39	231.60

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	43	206.25	237.19
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	44	212.33	244.18
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	45	219.47	252.39
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	46	227.98	262.18
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	47	237.56	273.19
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	48	248.50	285.78
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	49	259.29	298.18
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	50	271.45	312.17
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	51	283.45	325.97
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	52	296.68	341.18
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	53	310.05	356.56
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	54	324.49	373.16
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	55	338.93	389.77
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	56	354.58	407.77
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	57	370.39	425.95
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	58	387.27	445.36
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	59	395.62	454.96
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	60	412.49	474.36
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	61	427.08	491.14
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	62	436.66	502.16
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	63	448.67	515.97
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	64	455.81	524.18
14002TN0330003	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	455.81	524.18

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	99.47	99.47
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	21	156.65	180.15
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	22	156.65	180.15
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	23	156.65	180.15
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	24	156.65	180.15
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	25	157.28	180.87
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	26	160.41	184.47
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	27	164.17	188.80
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	28	170.28	195.82
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	29	175.29	201.58
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	30	177.80	204.47
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	31	181.56	208.79
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	32	185.32	213.12
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	33	187.66	215.81
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	34	190.17	218.70
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	35	191.43	220.14
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	36	192.68	221.58
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	37	193.94	223.03
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	38	195.18	224.46
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	39	197.69	227.34
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	40	200.20	230.23
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	41	203.96	234.55
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	42	207.56	238.69

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	43	212.58	244.47
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	44	218.84	251.67
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	45	226.21	260.14
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	46	234.98	270.23
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	47	244.85	281.58
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	48	256.13	294.55
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	49	267.25	307.34
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	50	279.78	321.75
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	51	292.15	335.97
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	52	305.78	351.65
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	53	319.56	367.49
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	54	334.45	384.62
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	55	349.33	401.73
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	56	365.46	420.28
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	57	381.75	439.01
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	58	399.15	459.02
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	59	407.76	468.92
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	60	425.15	488.92
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	61	440.19	506.22
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	62	450.06	517.57
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	63	462.43	531.79
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	64	469.80	540.27
14002TN0330003	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	469.80	540.27

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	105.72	105.72
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	21	166.49	191.46
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	22	166.49	191.46
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	23	166.49	191.46
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	24	166.49	191.46
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	25	167.16	192.23
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	26	170.48	196.05
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	27	174.48	200.65
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	28	180.97	208.12
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	29	186.30	214.25
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	30	188.97	217.32
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	31	192.96	221.90
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	32	196.96	226.50
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	33	199.45	229.37
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	34	202.11	232.43
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	35	203.45	233.97
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	36	204.78	235.50
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	37	206.11	237.03
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	38	207.44	238.56
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	39	210.11	241.63
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	40	212.77	244.69
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	41	216.77	249.29
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	42	220.60	253.69

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	43	225.93	259.82
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	44	232.58	267.47
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	45	240.41	276.47
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	46	249.73	287.19
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	47	260.23	299.26
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	48	272.21	313.04
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	49	284.03	326.63
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	50	297.35	341.95
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	51	310.50	357.08
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	52	324.98	373.73
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	53	339.63	390.57
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	54	355.45	408.77
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	55	371.27	426.96
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	56	388.41	446.67
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	57	405.73	466.59
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	58	424.21	487.84
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	59	433.37	498.38
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	60	451.85	519.63
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	61	467.83	538.00
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	62	478.33	550.08
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	63	491.47	565.19
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	64	499.30	574.20
14002TN0330003	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	499.30	574.20

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	106.98	106.98
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	21	168.46	193.73
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	22	168.46	193.73
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	23	168.46	193.73
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	24	168.46	193.73
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	25	169.14	194.51
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	26	172.50	198.38
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	27	176.55	203.03
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	28	183.12	210.59
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	29	188.51	216.79
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	30	191.21	219.89
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	31	195.25	224.54
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	32	199.30	229.20
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	33	201.82	232.09
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	34	204.51	235.19
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	35	205.87	236.75
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	36	207.21	238.29
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	37	208.56	239.84
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	38	209.90	241.39
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	39	212.60	244.49
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	40	215.30	247.60
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	41	219.35	252.25
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	42	223.22	256.70

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	43	228.61	262.90
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	44	235.34	270.64
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	45	243.27	279.76
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	46	252.70	290.61
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	47	263.31	302.81
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	48	275.44	316.76
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	49	287.40	330.51
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	50	300.88	346.01
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	51	314.18	361.31
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	52	328.84	378.17
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	53	343.66	395.21
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	54	359.67	413.62
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	55	375.67	432.02
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	56	393.03	451.98
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	57	410.54	472.12
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	58	429.25	493.64
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	59	438.51	504.29
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	60	457.21	525.79
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	61	473.39	544.40
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	62	484.00	556.60
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	63	497.31	571.91
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	64	505.23	581.01
14002TN0330003	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	505.23	581.01

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	102.53	102.53
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	21	161.47	185.69
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	22	161.47	185.69
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	23	161.47	185.69
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	24	161.47	185.69
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	25	162.12	186.44
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	26	165.34	190.14
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	27	169.22	194.60
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	28	175.52	201.85
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	29	180.68	207.78
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	30	183.27	210.76
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	31	187.14	215.21
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	32	191.02	219.67
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	33	193.43	222.44
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	34	196.02	225.42
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	35	197.31	226.91
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	36	198.60	228.39
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	37	199.90	229.89
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	38	201.19	231.37
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	39	203.77	234.34
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	40	206.35	237.30
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	41	210.23	241.76
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	42	213.95	246.04

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	43	219.11	251.98
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	44	225.57	259.41
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	45	233.16	268.13
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	46	242.20	278.53
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	47	252.38	290.24
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	48	264.00	303.60
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	49	275.46	316.78
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	50	288.38	331.64
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	51	301.14	346.31
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	52	315.18	362.46
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	53	329.39	378.80
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	54	344.73	396.44
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	55	360.07	414.08
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	56	376.70	433.21
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	57	393.49	452.51
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	58	411.42	473.13
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	59	420.30	483.35
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	60	438.22	503.95
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	61	453.72	521.78
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	62	463.90	533.49
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	63	476.65	548.15
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	64	484.24	556.88
14002TN0330003	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	484.24	556.88

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	95.84	95.84
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	21	150.93	173.57
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	22	150.93	173.57
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	23	150.93	173.57
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	24	150.93	173.57
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	25	151.54	174.27
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	26	154.55	177.73
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	27	158.18	181.91
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	28	164.07	188.68
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	29	168.90	194.24
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	30	171.31	197.01
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	31	174.93	201.17
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	32	178.56	205.34
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	33	180.81	207.93
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	34	183.23	210.71
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	35	184.44	212.11
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	36	185.65	213.50
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	37	186.86	214.89
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	38	188.06	216.27
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	39	190.48	219.05
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	40	192.89	221.82
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	41	196.52	226.00
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	42	199.99	229.99

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	43	204.82	235.54
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	44	210.85	242.48
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	45	217.95	250.64
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	46	226.40	260.36
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	47	235.91	271.30
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	48	246.78	283.80
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	49	257.49	296.11
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	50	269.57	310.01
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	51	281.49	323.71
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	52	294.62	338.81
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	53	307.90	354.09
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	54	322.25	370.59
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	55	336.58	387.07
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	56	352.13	404.95
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	57	367.82	422.99
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	58	384.58	442.27
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	59	392.88	451.81
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	60	409.63	471.07
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	61	424.12	487.74
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	62	433.64	498.69
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	63	445.56	512.39
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	64	452.65	520.55
14002TN0330003	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	452.65	520.55

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	107.28	107.28
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	21	168.95	194.29
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	22	168.95	194.29
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	23	168.95	194.29
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	24	168.95	194.29
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	25	169.63	195.07
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	26	173.00	198.95
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	27	177.06	203.62
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	28	183.65	211.20
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	29	189.05	217.41
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	30	191.76	220.52
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	31	195.81	225.18
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	32	199.87	229.85
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	33	202.40	232.76
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	34	205.10	235.87
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	35	206.46	237.43
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	36	207.80	238.97
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	37	209.16	240.53
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	38	210.51	242.09
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	39	213.21	245.19
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	40	215.91	248.30
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	41	219.98	252.98
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	42	223.86	257.44

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	43	229.27	263.66
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	44	236.02	271.42
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	45	243.97	280.57
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	46	253.42	291.43
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	47	264.07	303.68
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	48	276.23	317.66
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	49	288.23	331.46
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	50	301.75	347.01
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	51	315.09	362.35
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	52	329.79	379.26
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	53	344.65	396.35
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	54	360.71	414.82
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	55	376.75	433.26
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	56	394.15	453.27
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	57	411.72	473.48
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	58	430.48	495.05
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	59	439.77	505.74
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	60	458.52	527.30
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	61	474.75	545.96
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	62	485.39	558.20
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	63	498.73	573.54
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	64	506.68	582.68
14002TN0330003	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	506.68	582.68

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	101.05	101.05
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	21	159.13	183.00
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	22	159.13	183.00
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	23	159.13	183.00
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	24	159.13	183.00
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	25	159.77	183.74
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	26	162.96	187.40
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	27	166.77	191.79
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	28	172.98	198.93
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	29	178.07	204.78
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	30	180.62	207.71
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	31	184.44	212.11
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	32	188.25	216.49
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	33	190.64	219.24
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	34	193.19	222.17
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	35	194.46	223.63
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	36	195.73	225.09
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	37	197.01	226.56
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	38	198.28	228.02
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	39	200.83	230.95
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	40	203.38	233.89
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	41	207.19	238.27
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	42	210.86	242.49

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	43	215.95	248.34
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	44	222.31	255.66
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	45	229.79	264.26
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	46	238.71	274.52
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	47	248.73	286.04
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	48	260.19	299.22
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	49	271.48	312.20
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	50	284.22	326.85
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	51	296.79	341.31
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	52	310.63	357.22
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	53	324.64	373.34
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	54	339.75	390.71
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	55	354.87	408.10
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	56	371.26	426.95
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	57	387.81	445.98
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	58	405.48	466.30
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	59	414.22	476.35
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	60	431.89	496.67
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	61	447.17	514.25
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	62	457.19	525.77
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	63	469.77	540.24
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	64	477.25	548.84
14002TN0330014	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	477.25	548.84

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	101.34	101.34
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	21	159.58	183.52
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	22	159.58	183.52
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	23	159.58	183.52
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	24	159.58	183.52
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	25	160.22	184.25
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	26	163.42	187.93
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	27	167.24	192.33
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	28	173.47	199.49
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	29	178.58	205.37
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	30	181.13	208.30
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	31	184.96	212.70
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	32	188.79	217.11
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	33	191.18	219.86
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	34	193.73	222.79
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	35	195.01	224.26
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	36	196.29	225.73
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	37	197.57	227.21
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	38	198.84	228.67
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	39	201.40	231.61
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	40	203.95	234.54
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	41	207.78	238.95
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	42	211.45	243.17

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	43	216.56	249.04
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	44	222.94	256.38
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	45	230.44	265.01
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	46	239.38	275.29
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	47	249.43	286.84
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	48	260.93	300.07
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	49	272.25	313.09
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	50	285.02	327.77
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	51	297.63	342.27
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	52	311.51	358.24
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	53	325.56	374.39
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	54	340.71	391.82
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	55	355.87	409.25
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	56	372.31	428.16
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	57	388.90	447.24
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	58	406.62	467.61
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	59	415.40	477.71
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	60	433.12	498.09
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	61	448.43	515.69
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	62	458.48	527.25
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	63	471.10	541.77
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	64	478.60	550.39
14002TN0330014	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	478.60	550.39

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	101.72	101.72
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	21	160.18	184.21
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	22	160.18	184.21
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	23	160.18	184.21
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	24	160.18	184.21
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	25	160.82	184.94
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	26	164.03	188.63
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	27	167.87	193.05
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	28	174.12	200.24
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	29	179.25	206.14
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	30	181.81	209.08
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	31	185.66	213.51
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	32	189.49	217.91
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	33	191.90	220.69
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	34	194.46	223.63
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	35	195.75	225.11
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	36	197.02	226.57
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	37	198.31	228.06
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	38	199.59	229.53
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	39	202.16	232.48
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	40	204.72	235.43
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	41	208.56	239.84
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	42	212.25	244.09

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	43	217.37	249.98
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	44	223.78	257.35
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	45	231.31	266.01
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	46	240.28	276.32
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	47	250.37	287.93
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	48	261.90	301.19
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	49	273.27	314.26
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	50	286.09	329.00
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	51	298.74	343.55
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	52	312.68	359.58
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	53	326.78	375.80
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	54	341.99	393.29
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	55	357.21	410.79
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	56	373.71	429.77
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	57	390.37	448.93
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	58	408.15	469.37
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	59	416.96	479.50
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	60	434.74	499.95
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	61	450.11	517.63
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	62	460.20	529.23
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	63	472.87	543.80
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	64	480.39	552.45
14002TN0330014	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	480.39	552.45

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	104.46	104.46
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	21	164.49	189.16
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	22	164.49	189.16
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	23	164.49	189.16
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	24	164.49	189.16
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	25	165.15	189.92
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	26	168.44	193.71
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	27	172.38	198.24
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	28	178.80	205.62
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	29	184.07	211.68
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	30	186.70	214.71
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	31	190.65	219.25
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	32	194.59	223.78
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	33	197.06	226.62
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	34	199.69	229.64
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	35	201.01	231.16
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	36	202.32	232.67
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	37	203.64	234.19
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	38	204.95	235.69
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	39	207.59	238.73
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	40	210.22	241.75
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	41	214.16	246.28
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	42	217.95	250.64

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	43	223.22	256.70
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	44	229.80	264.27
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	45	237.53	273.16
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	46	246.74	283.75
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	47	257.10	295.67
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	48	268.95	309.29
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	49	280.62	322.71
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	50	293.78	337.85
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	51	306.78	352.80
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	52	321.09	369.25
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	53	335.56	385.89
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	54	351.19	403.87
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	55	366.81	421.83
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	56	383.76	441.32
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	57	400.86	460.99
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	58	419.13	482.00
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	59	428.17	492.40
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	60	446.43	513.39
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	61	462.22	531.55
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	62	472.58	543.47
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	63	485.58	558.42
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	64	493.31	567.31
14002TN0330014	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	493.31	567.31

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	116.23	116.23
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	21	183.03	210.48
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	22	183.03	210.48
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	23	183.03	210.48
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	24	183.03	210.48
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	25	183.76	211.32
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	26	187.42	215.53
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	27	191.81	220.58
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	28	198.95	228.79
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	29	204.81	235.53
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	30	207.73	238.89
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	31	212.13	243.95
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	32	216.52	249.00
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	33	219.26	252.15
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	34	222.19	255.52
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	35	223.66	257.21
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	36	225.12	258.89
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	37	226.59	260.58
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	38	228.05	262.26
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	39	230.98	265.63
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	40	233.91	269.00
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	41	238.30	274.05
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	42	242.51	278.89

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	43	248.37	285.63
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	44	255.69	294.04
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	45	264.29	303.93
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	46	274.55	315.73
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	47	286.07	328.98
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	48	299.25	344.14
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	49	312.24	359.08
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	50	326.89	375.92
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	51	341.35	392.55
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	52	357.27	410.86
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	53	373.38	429.39
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	54	390.76	449.37
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	55	408.15	469.37
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	56	427.00	491.05
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	57	446.03	512.93
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	58	466.35	536.30
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	59	476.42	547.88
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	60	496.74	571.25
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	61	514.30	591.45
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	62	525.83	604.70
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	63	540.30	621.35
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	64	548.90	631.24
14002TN0330004	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	548.90	631.24

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	109.25	109.25
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	21	172.04	197.85
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	22	172.04	197.85
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	23	172.04	197.85
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	24	172.04	197.85
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	25	172.72	198.63
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	26	176.17	202.60
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	27	180.29	207.33
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	28	187.01	215.06
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	29	192.51	221.39
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	30	195.26	224.55
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	31	199.39	229.30
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	32	203.52	234.05
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	33	206.10	237.02
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	34	208.85	240.18
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	35	210.23	241.76
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	36	211.60	243.34
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	37	212.98	244.93
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	38	214.35	246.50
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	39	217.12	249.69
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	40	219.87	252.85
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	41	223.99	257.59
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	42	227.95	262.14

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	43	233.46	268.48
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	44	240.34	276.39
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	45	248.43	285.69
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	46	258.06	296.77
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	47	268.90	309.24
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	48	281.29	323.48
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	49	293.49	337.51
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	50	307.26	353.35
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	51	320.85	368.98
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	52	335.82	386.19
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	53	350.96	403.60
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	54	367.30	422.40
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	55	383.64	441.19
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	56	401.36	461.56
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	57	419.25	482.14
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	58	438.35	504.10
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	59	447.81	514.98
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	60	466.91	536.95
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	61	483.42	555.93
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	62	494.26	568.40
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	63	507.86	584.04
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	64	515.94	593.33
14002TN0330004	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	515.94	593.33

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	112.60	112.60
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	21	177.32	203.92
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	22	177.32	203.92
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	23	177.32	203.92
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	24	177.32	203.92
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	25	178.02	204.72
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	26	181.58	208.82
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	27	185.82	213.69
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	28	192.75	221.66
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	29	198.42	228.18
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	30	201.25	231.44
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	31	205.51	236.34
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	32	209.76	241.22
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	33	212.42	244.28
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	34	215.26	247.55
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	35	216.68	249.18
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	36	218.10	250.82
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	37	219.52	252.45
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	38	220.93	254.07
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	39	223.78	257.35
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	40	226.61	260.60
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	41	230.86	265.49
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	42	234.95	270.19

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	43	240.62	276.71
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	44	247.71	284.87
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	45	256.05	294.46
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	46	265.98	305.88
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	47	277.15	318.72
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	48	289.92	333.41
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	49	302.50	347.88
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	50	316.69	364.19
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	51	330.70	380.31
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	52	346.12	398.04
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	53	361.73	415.99
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	54	378.57	435.36
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	55	395.41	454.72
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	56	413.68	475.73
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	57	432.12	496.94
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	58	451.80	519.57
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	59	461.55	530.78
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	60	481.24	553.43
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	61	498.26	573.00
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	62	509.43	585.84
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	63	523.44	601.96
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	64	531.77	611.54
14002TN0330004	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	531.77	611.54

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	119.67	119.67
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	21	188.45	216.72
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	22	188.45	216.72
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	23	188.45	216.72
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	24	188.45	216.72
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	25	189.20	217.58
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	26	192.98	221.93
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	27	197.49	227.11
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	28	204.85	235.58
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	29	210.88	242.51
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	30	213.89	245.97
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	31	218.42	251.18
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	32	222.93	256.37
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	33	225.76	259.62
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	34	228.78	263.10
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	35	230.29	264.83
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	36	231.79	266.56
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	37	233.30	268.30
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	38	234.81	270.03
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	39	237.83	273.50
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	40	240.84	276.97
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	41	245.36	282.16
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	42	249.70	287.16

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	43	255.73	294.09
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	44	263.27	302.76
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	45	272.13	312.95
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	46	282.68	325.08
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	47	294.55	338.73
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	48	308.12	354.34
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	49	321.50	369.73
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	50	336.58	387.07
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	51	351.46	404.18
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	52	367.86	423.04
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	53	384.44	442.11
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	54	402.34	462.69
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	55	420.24	483.28
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	56	439.66	505.61
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	57	459.25	528.14
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	58	480.18	552.21
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	59	490.54	564.12
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	60	511.46	588.18
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	61	529.55	608.98
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	62	541.42	622.63
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	63	556.31	639.76
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	64	565.17	649.95
14002TN0330004	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	565.17	649.95

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	121.09	121.09
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	21	190.69	219.29
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	22	190.69	219.29
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	23	190.69	219.29
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	24	190.69	219.29
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	25	191.45	220.17
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	26	195.27	224.56
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	27	199.84	229.82
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	28	207.28	238.37
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	29	213.38	245.39
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	30	216.43	248.89
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	31	221.01	254.16
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	32	225.58	259.42
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	33	228.44	262.71
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	34	231.49	266.21
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	35	233.02	267.97
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	36	234.54	269.72
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	37	236.07	271.48
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	38	237.59	273.23
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	39	240.65	276.75
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	40	243.70	280.26
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	41	248.27	285.51
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	42	252.67	290.57

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	43	258.77	297.59
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	44	266.40	306.36
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	45	275.36	316.66
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	46	286.04	328.95
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	47	298.05	342.76
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	48	311.78	358.55
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	49	325.31	374.11
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	50	340.57	391.66
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	51	355.63	408.97
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	52	372.23	428.06
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	53	389.01	447.36
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	54	407.12	468.19
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	55	425.23	489.01
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	56	444.87	511.60
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	57	464.70	534.41
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	58	485.88	558.76
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	59	496.36	570.81
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	60	517.53	595.16
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	61	535.83	616.20
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	62	547.84	630.02
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	63	562.92	647.36
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	64	571.88	657.66
14002TN0330004	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	571.88	657.66

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	116.06	116.06
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	21	182.77	210.19
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	22	182.77	210.19
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	23	182.77	210.19
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	24	182.77	210.19
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	25	183.50	211.03
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	26	187.16	215.23
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	27	191.54	220.27
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	28	198.67	228.47
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	29	204.52	235.20
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	30	207.44	238.56
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	31	211.83	243.60
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	32	216.21	248.64
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	33	218.95	251.79
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	34	221.88	255.16
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	35	223.34	256.84
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	36	224.80	258.52
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	37	226.27	260.21
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	38	227.72	261.88
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	39	230.66	265.26
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	40	233.58	268.62
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	41	237.96	273.65
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	42	242.17	278.50

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	43	248.02	285.22
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	44	255.33	293.63
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	45	263.92	303.51
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	46	274.16	315.28
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	47	285.67	328.52
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	48	298.83	343.65
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	49	311.80	358.57
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	50	326.43	375.39
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	51	340.86	391.99
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	52	356.77	410.29
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	53	372.85	428.78
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	54	390.21	448.74
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	55	407.57	468.71
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	56	426.40	490.36
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	57	445.40	512.21
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	58	465.70	535.56
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	59	475.74	547.10
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	60	496.04	570.45
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	61	513.58	590.62
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	62	525.09	603.85
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	63	539.54	620.47
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	64	548.13	630.35
14002TN0330004	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	548.13	630.35

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	108.49	108.49
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	21	170.85	196.48
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	22	170.85	196.48
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	23	170.85	196.48
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	24	170.85	196.48
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	25	171.53	197.26
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	26	174.95	201.19
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	27	179.04	205.90
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	28	185.71	213.57
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	29	191.18	219.86
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	30	193.91	223.00
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	31	198.01	227.71
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	32	202.11	232.43
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	33	204.67	235.37
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	34	207.40	238.51
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	35	208.77	240.09
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	36	210.14	241.66
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	37	211.51	243.24
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	38	212.87	244.80
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	39	215.61	247.95
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	40	218.34	251.09
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	41	222.44	255.81
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	42	226.37	260.33

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	43	231.84	266.62
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	44	238.67	274.47
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	45	246.70	283.71
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	46	256.27	294.71
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	47	267.03	307.08
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	48	279.34	321.24
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	49	291.46	335.18
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	50	305.13	350.90
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	51	318.63	366.42
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	52	333.49	383.51
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	53	348.53	400.81
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	54	364.75	419.46
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	55	380.98	438.13
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	56	398.58	458.37
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	57	416.35	478.80
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	58	435.32	500.62
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	59	444.71	511.42
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	60	463.68	533.23
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	61	480.07	552.08
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	62	490.83	564.45
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	63	504.34	579.99
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	64	512.37	589.23
14002TN0330004	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	512.37	589.23

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	121.44	121.44
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	21	191.24	219.93
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	22	191.24	219.93
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	23	191.24	219.93
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	24	191.24	219.93
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	25	192.00	220.80
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	26	195.83	225.20
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	27	200.41	230.47
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	28	207.88	239.06
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	29	213.99	246.09
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	30	217.05	249.61
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	31	221.65	254.90
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	32	226.23	260.16
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	33	229.10	263.47
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	34	232.16	266.98
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	35	233.69	268.74
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	36	235.22	270.50
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	37	236.75	272.26
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	38	238.28	274.02
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	39	241.34	277.54
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	40	244.40	281.06
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	41	248.99	286.34
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	42	253.39	291.40

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	43	259.51	298.44
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	44	267.16	307.23
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	45	276.15	317.57
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	46	286.86	329.89
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	47	298.91	343.75
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	48	312.68	359.58
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	49	326.25	375.19
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	50	341.55	392.78
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	51	356.66	410.16
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	52	373.30	429.30
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	53	390.12	448.64
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	54	408.29	469.53
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	55	426.45	490.42
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	56	446.15	513.07
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	57	466.04	535.95
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	58	487.27	560.36
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	59	497.78	572.45
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	60	519.02	596.87
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	61	537.37	617.98
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	62	549.42	631.83
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	63	564.53	649.21
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	64	573.52	659.55
14002TN0330004	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	573.52	659.55

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	100.87	100.87
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	21	158.85	182.68
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	22	158.85	182.68
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	23	158.85	182.68
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	24	158.85	182.68
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	25	159.48	183.40
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	26	162.66	187.06
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	27	166.48	191.45
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	28	172.67	198.57
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	29	177.75	204.41
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	30	180.30	207.35
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	31	184.10	211.72
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	32	187.91	216.10
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	33	190.30	218.85
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	34	192.84	221.77
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	35	194.11	223.23
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	36	195.39	224.70
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	37	196.65	226.15
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	38	197.92	227.61
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	39	200.47	230.54
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	40	203.01	233.46
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	41	206.82	237.84
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	42	210.47	242.04

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	43	215.56	247.89
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	44	221.91	255.20
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	45	229.38	263.79
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	46	238.27	274.01
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	47	248.28	285.52
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	48	259.72	298.68
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	49	271.00	311.65
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	50	283.70	326.26
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	51	296.25	340.69
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	52	310.07	356.58
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	53	324.05	372.66
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	54	339.14	390.01
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	55	354.23	407.36
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	56	370.59	426.18
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	57	387.11	445.18
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	58	404.75	465.46
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	59	413.48	475.50
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	60	431.11	495.78
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	61	446.37	513.33
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	62	456.37	524.83
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	63	468.92	539.26
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	64	476.39	547.85
14002TN0330015	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	476.39	547.85

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	101.16	101.16
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	21	159.30	183.20
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	22	159.30	183.20
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	23	159.30	183.20
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	24	159.30	183.20
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	25	159.93	183.92
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	26	163.12	187.59
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	27	166.95	191.99
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	28	173.16	199.13
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	29	178.25	204.99
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	30	180.81	207.93
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	31	184.62	212.31
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	32	188.45	216.72
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	33	190.84	219.47
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	34	193.39	222.40
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	35	194.66	223.86
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	36	195.94	225.33
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	37	197.21	226.79
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	38	198.48	228.25
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	39	201.03	231.18
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	40	203.59	234.13
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	41	207.40	238.51
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	42	211.07	242.73

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	43	216.17	248.60
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	44	222.54	255.92
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	45	230.03	264.53
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	46	238.95	274.79
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	47	248.98	286.33
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	48	260.45	299.52
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	49	271.76	312.52
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	50	284.51	327.19
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	51	297.09	341.65
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	52	310.95	357.59
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	53	324.96	373.70
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	54	340.10	391.12
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	55	355.24	408.53
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	56	371.64	427.39
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	57	388.21	446.44
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	58	405.89	466.77
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	59	414.65	476.85
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	60	432.33	497.18
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	61	447.63	514.77
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	62	457.66	526.31
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	63	470.24	540.78
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	64	477.74	549.40
14002TN0330015	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	477.74	549.40

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	101.54	101.54
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	21	159.90	183.89
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	22	159.90	183.89
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	23	159.90	183.89
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	24	159.90	183.89
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	25	160.53	184.61
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	26	163.73	188.29
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	27	167.57	192.71
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	28	173.81	199.88
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	29	178.92	205.76
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	30	181.48	208.70
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	31	185.31	213.11
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	32	189.15	217.52
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	33	191.56	220.29
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	34	194.11	223.23
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	35	195.39	224.70
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	36	196.67	226.17
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	37	197.95	227.64
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	38	199.23	229.11
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	39	201.79	232.06
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	40	204.35	235.00
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	41	208.18	239.41
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	42	211.86	243.64

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	43	216.98	249.53
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	44	223.38	256.89
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	45	230.89	265.52
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	46	239.84	275.82
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	47	249.92	287.41
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	48	261.43	300.64
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	49	272.78	313.70
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	50	285.58	328.42
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	51	298.20	342.93
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	52	312.11	358.93
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	53	326.18	375.11
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	54	341.38	392.59
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	55	356.57	410.06
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	56	373.03	428.98
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	57	389.67	448.12
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	58	407.42	468.53
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	59	416.20	478.63
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	60	433.95	499.04
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	61	449.31	516.71
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	62	459.38	528.29
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	63	472.01	542.81
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	64	479.53	551.46
14002TN0330015	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	479.53	551.46

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	104.27	104.27
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	21	164.20	188.83
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	22	164.20	188.83
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	23	164.20	188.83
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	24	164.20	188.83
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	25	164.85	189.58
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	26	168.14	193.36
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	27	172.08	197.89
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	28	178.48	205.25
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	29	183.73	211.29
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	30	186.36	214.31
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	31	190.30	218.85
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	32	194.24	223.38
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	33	196.71	226.22
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	34	199.33	229.23
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	35	200.64	230.74
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	36	201.96	232.25
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	37	203.27	233.76
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	38	204.58	235.27
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	39	207.21	238.29
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	40	209.85	241.33
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	41	213.78	245.85
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	42	217.56	250.19

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	43	222.81	256.23
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	44	229.38	263.79
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	45	237.10	272.67
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	46	246.29	283.23
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	47	256.64	295.14
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	48	268.46	308.73
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	49	280.12	322.14
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	50	293.25	337.24
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	51	306.22	352.15
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	52	320.51	368.59
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	53	334.95	385.19
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	54	350.56	403.14
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	55	366.16	421.08
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	56	383.07	440.53
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	57	400.14	460.16
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	58	418.37	481.13
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	59	427.40	491.51
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	60	445.62	512.46
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	61	461.39	530.60
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	62	471.74	542.50
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	63	484.70	557.41
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	64	492.42	566.28
14002TN0330015	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	492.42	566.28

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	116.02	116.02
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	21	182.70	210.11
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	22	182.70	210.11
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	23	182.70	210.11
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	24	182.70	210.11
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	25	183.43	210.94
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	26	187.08	215.14
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	27	191.47	220.19
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	28	198.59	228.38
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	29	204.44	235.11
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	30	207.37	238.48
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	31	211.74	243.50
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	32	216.13	248.55
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	33	218.87	251.70
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	34	221.79	255.06
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	35	223.25	256.74
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	36	224.72	258.43
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	37	226.18	260.11
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	38	227.64	261.79
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	39	230.56	265.14
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	40	233.49	268.51
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	41	237.87	273.55
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	42	242.07	278.38

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	43	247.92	285.11
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	44	255.23	293.51
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	45	263.81	303.38
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	46	274.05	315.16
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	47	285.56	328.39
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	48	298.71	343.52
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	49	311.68	358.43
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	50	326.30	375.25
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	51	340.73	391.84
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	52	356.62	410.11
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	53	372.70	428.61
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	54	390.06	448.57
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	55	407.42	468.53
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	56	426.23	490.16
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	57	445.23	512.01
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	58	465.51	535.34
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	59	475.56	546.89
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	60	495.84	570.22
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	61	513.38	590.39
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	62	524.89	603.62
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	63	539.32	620.22
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	64	547.91	630.10
14002TN0330005	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	547.91	630.10

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	109.05	109.05
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	21	171.73	197.49
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	22	171.73	197.49
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	23	171.73	197.49
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	24	171.73	197.49
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	25	172.41	198.27
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	26	175.85	202.23
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	27	179.97	206.97
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	28	186.67	214.67
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	29	192.16	220.98
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	30	194.91	224.15
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	31	199.03	228.88
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	32	203.15	233.62
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	33	205.73	236.59
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	34	208.48	239.75
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	35	209.85	241.33
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	36	211.23	242.91
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	37	212.60	244.49
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	38	213.97	246.07
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	39	216.72	249.23
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	40	219.47	252.39
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	41	223.59	257.13
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	42	227.54	261.67

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	43	233.03	267.98
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	44	239.91	275.90
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	45	247.97	285.17
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	46	257.59	296.23
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	47	268.41	308.67
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	48	280.78	322.90
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	49	292.97	336.92
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	50	306.71	352.72
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	51	320.27	368.31
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	52	335.21	385.49
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	53	350.32	402.87
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	54	366.64	421.64
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	55	382.95	440.39
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	56	400.64	460.74
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	57	418.50	481.28
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	58	437.56	503.19
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	59	447.00	514.05
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	60	466.07	535.98
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	61	482.56	554.94
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	62	493.38	567.39
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	63	506.94	582.98
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	64	515.01	592.26
14002TN0330005	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	515.01	592.26

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	112.40	112.40
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	21	177.00	203.55
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	22	177.00	203.55
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	23	177.00	203.55
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	24	177.00	203.55
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	25	177.70	204.36
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	26	181.25	208.44
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	27	185.50	213.33
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	28	192.40	221.26
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	29	198.06	227.77
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	30	200.90	231.04
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	31	205.13	235.90
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	32	209.38	240.79
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	33	212.05	243.86
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	34	214.87	247.10
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	35	216.29	248.73
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	36	217.71	250.37
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	37	219.12	251.99
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	38	220.53	253.61
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	39	223.37	256.88
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	40	226.21	260.14
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	41	230.45	265.02
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	42	234.52	269.70

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	43	240.18	276.21
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	44	247.27	284.36
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	45	255.58	293.92
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	46	265.50	305.33
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	47	276.65	318.15
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	48	289.39	332.80
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	49	301.96	347.25
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	50	316.12	363.54
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	51	330.10	379.62
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	52	345.50	397.33
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	53	361.07	415.23
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	54	377.89	434.57
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	55	394.71	453.92
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	56	412.93	474.87
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	57	431.34	496.04
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	58	450.99	518.64
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	59	460.72	529.83
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	60	480.37	552.43
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	61	497.36	571.96
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	62	508.52	584.80
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	63	522.49	600.86
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	64	530.82	610.44
14002TN0330005	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	530.82	610.44

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	119.46	119.46
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	21	188.11	216.33
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	22	188.11	216.33
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	23	188.11	216.33
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	24	188.11	216.33
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	25	188.86	217.19
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	26	192.63	221.52
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	27	197.14	226.71
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	28	204.48	235.15
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	29	210.50	242.08
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	30	213.51	245.54
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	31	218.02	250.72
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	32	222.53	255.91
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	33	225.36	259.16
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	34	228.37	262.63
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	35	229.87	264.35
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	36	231.38	266.09
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	37	232.88	267.81
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	38	234.38	269.54
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	39	237.40	273.01
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	40	240.41	276.47
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	41	244.92	281.66
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	42	249.25	286.64

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	43	255.27	293.56
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	44	262.80	302.22
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	45	271.63	312.37
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	46	282.17	324.50
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	47	294.02	338.12
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	48	307.57	353.71
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	49	320.92	369.06
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	50	335.97	386.37
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	51	350.83	403.45
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	52	367.19	422.27
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	53	383.74	441.30
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	54	401.62	461.86
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	55	419.49	482.41
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	56	438.86	504.69
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	57	458.43	527.19
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	58	479.31	551.21
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	59	489.65	563.10
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	60	510.53	587.11
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	61	528.60	607.89
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	62	540.45	621.52
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	63	555.30	638.60
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	64	564.15	648.77
14002TN0330005	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	564.15	648.77

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	120.87	120.87
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	21	190.35	218.90
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	22	190.35	218.90
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	23	190.35	218.90
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	24	190.35	218.90
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	25	191.10	219.77
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	26	194.91	224.15
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	27	199.48	229.40
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	28	206.91	237.95
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	29	213.00	244.95
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	30	216.05	248.46
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	31	220.60	253.69
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	32	225.17	258.95
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	33	228.04	262.25
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	34	231.08	265.74
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	35	232.60	267.49
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	36	234.13	269.25
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	37	235.65	271.00
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	38	237.17	272.75
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	39	240.22	276.25
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	40	243.27	279.76
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	41	247.83	285.00
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	42	252.21	290.04

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	43	258.30	297.05
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	44	265.92	305.81
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	45	274.86	316.09
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	46	285.52	328.35
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	47	297.51	342.14
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	48	311.22	357.90
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	49	324.73	373.44
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	50	339.96	390.95
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	51	354.99	408.24
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	52	371.55	427.28
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	53	388.30	446.55
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	54	406.39	467.35
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	55	424.47	488.14
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	56	444.07	510.68
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	57	463.87	533.45
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	58	485.00	557.75
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	59	495.46	569.78
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	60	516.59	594.08
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	61	534.87	615.10
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	62	546.86	628.89
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	63	561.90	646.19
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	64	570.85	656.48
14002TN0330005	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	570.85	656.48

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	115.85	115.85
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	21	182.44	209.81
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	22	182.44	209.81
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	23	182.44	209.81
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	24	182.44	209.81
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	25	183.17	210.65
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	26	186.82	214.84
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	27	191.20	219.88
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	28	198.31	228.06
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	29	204.15	234.77
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	30	207.07	238.13
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	31	211.44	243.16
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	32	215.82	248.19
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	33	218.57	251.36
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	34	221.48	254.70
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	35	222.94	256.38
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	36	224.40	258.06
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	37	225.86	259.74
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	38	227.32	261.42
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	39	230.24	264.78
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	40	233.16	268.13
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	41	237.53	273.16
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	42	241.73	277.99

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	43	247.57	284.71
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	44	254.87	293.10
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	45	263.44	302.96
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	46	273.66	314.71
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	47	285.15	327.92
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	48	298.29	343.03
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	49	311.24	357.93
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	50	325.84	374.72
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	51	340.24	391.28
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	52	356.12	409.54
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	53	372.17	428.00
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	54	389.51	447.94
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	55	406.84	467.87
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	56	425.63	489.47
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	57	444.60	511.29
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	58	464.86	534.59
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	59	474.88	546.11
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	60	495.14	569.41
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	61	512.66	589.56
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	62	524.15	602.77
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	63	538.56	619.34
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	64	547.14	629.21
14002TN0330005	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	547.14	629.21

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	108.29	108.29
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	21	170.54	196.12
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	22	170.54	196.12
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	23	170.54	196.12
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	24	170.54	196.12
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	25	171.22	196.90
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	26	174.63	200.82
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	27	178.73	205.54
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	28	185.38	213.19
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	29	190.83	219.45
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	30	193.56	222.59
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	31	197.65	227.30
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	32	201.74	232.00
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	33	204.31	234.96
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	34	207.03	238.08
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	35	208.39	239.65
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	36	209.76	241.22
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	37	211.12	242.79
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	38	212.49	244.36
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	39	215.22	247.50
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	40	217.95	250.64
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	41	222.04	255.35
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	42	225.96	259.85

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	43	231.42	266.13
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	44	238.25	273.99
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	45	246.26	283.20
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	46	255.81	294.18
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	47	266.55	306.53
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	48	278.83	320.65
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	49	290.94	334.58
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	50	304.58	350.27
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	51	318.05	365.76
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	52	332.89	382.82
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	53	347.89	400.07
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	54	364.10	418.72
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	55	380.30	437.35
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	56	397.86	457.54
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	57	415.60	477.94
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	58	434.53	499.71
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	59	443.90	510.49
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	60	462.84	532.27
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	61	479.21	551.09
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	62	489.96	563.45
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	63	503.42	578.93
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	64	511.44	588.16
14002TN0330005	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	511.44	588.16

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	121.22	121.22
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	21	190.89	219.52
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	22	190.89	219.52
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	23	190.89	219.52
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	24	190.89	219.52
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	25	191.65	220.40
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	26	195.47	224.79
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	27	200.06	230.07
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	28	207.50	238.63
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	29	213.61	245.65
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	30	216.67	249.17
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	31	221.24	254.43
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	32	225.82	259.69
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	33	228.69	262.99
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	34	231.74	266.50
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	35	233.26	268.25
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	36	234.80	270.02
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	37	236.32	271.77
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	38	237.85	273.53
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	39	240.91	277.05
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	40	243.97	280.57
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	41	248.54	285.82
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	42	252.93	290.87

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	43	259.04	297.90
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	44	266.68	306.68
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	45	275.65	317.00
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	46	286.34	329.29
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	47	298.36	343.11
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	48	312.11	358.93
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	49	325.66	374.51
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	50	340.94	392.08
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	51	356.01	409.41
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	52	372.62	428.51
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	53	389.41	447.82
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	54	407.56	468.69
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	55	425.69	489.54
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	56	445.35	512.15
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	57	465.20	534.98
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	58	486.40	559.36
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	59	496.89	571.42
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	60	518.08	595.79
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	61	536.41	616.87
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	62	548.44	630.71
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	63	563.51	648.04
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	64	572.49	658.36
14002TN0330005	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	572.49	658.36

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	92.93	92.93
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	21	146.35	168.30
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	22	146.35	168.30
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	23	146.35	168.30
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	24	146.35	168.30
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	25	146.93	168.97
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	26	149.86	172.34
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	27	153.38	176.39
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	28	159.08	182.94
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	29	163.76	188.32
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	30	166.10	191.02
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	31	169.62	195.06
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	32	173.13	199.10
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	33	175.33	201.63
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	34	177.66	204.31
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	35	178.84	205.67
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	36	180.01	207.01
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	37	181.18	208.36
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	38	182.35	209.70
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	39	184.69	212.39
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	40	187.03	215.08
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	41	190.55	219.13
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	42	193.91	223.00

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	43	198.59	228.38
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	44	204.45	235.12
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	45	211.33	243.03
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	46	219.53	252.46
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	47	228.74	263.05
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	48	239.28	275.17
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	49	249.67	287.12
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	50	261.38	300.59
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	51	272.94	313.88
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	52	285.67	328.52
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	53	298.55	343.33
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	54	312.45	359.32
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	55	326.36	375.31
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	56	341.43	392.64
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	57	356.65	410.15
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	58	372.89	428.82
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	59	380.95	438.09
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	60	397.19	456.77
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	61	411.24	472.93
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	62	420.45	483.52
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	63	432.02	496.82
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	64	438.90	504.74
14002TN0330016	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	438.90	504.74

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	93.19	93.19
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	21	146.76	168.77
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	22	146.76	168.77
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	23	146.76	168.77
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	24	146.76	168.77
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	25	147.35	169.45
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	26	150.28	172.82
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	27	153.81	176.88
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	28	159.53	183.46
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	29	164.23	188.86
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	30	166.57	191.56
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	31	170.10	195.62
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	32	173.62	199.66
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	33	175.82	202.19
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	34	178.17	204.90
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	35	179.34	206.24
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	36	180.52	207.60
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	37	181.69	208.94
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	38	182.86	210.29
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	39	185.21	212.99
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	40	187.56	215.69
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	41	191.09	219.75
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	42	194.46	223.63

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	43	199.15	229.02
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	44	205.02	235.77
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	45	211.92	243.71
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	46	220.15	253.17
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	47	229.39	263.80
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	48	239.96	275.95
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	49	250.38	287.94
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	50	262.12	301.44
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	51	273.71	314.77
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	52	286.48	329.45
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	53	299.39	344.30
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	54	313.33	360.33
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	55	327.28	376.37
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	56	342.39	393.75
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	57	357.66	411.31
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	58	373.95	430.04
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	59	382.02	439.32
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	60	398.31	458.06
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	61	412.40	474.26
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	62	421.64	484.89
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	63	433.24	498.23
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	64	440.14	506.16
14002TN0330016	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	440.14	506.16

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	93.54	93.54
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	21	147.31	169.41
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	22	147.31	169.41
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	23	147.31	169.41
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	24	147.31	169.41
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	25	147.90	170.09
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	26	150.85	173.48
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	27	154.39	177.55
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	28	160.13	184.15
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	29	164.84	189.57
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	30	167.20	192.28
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	31	170.74	196.35
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	32	174.27	200.41
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	33	176.48	202.95
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	34	178.84	205.67
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	35	180.02	207.02
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	36	181.20	208.38
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	37	182.38	209.74
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	38	183.55	211.08
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	39	185.91	213.80
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	40	188.26	216.50
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	41	191.80	220.57
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	42	195.19	224.47

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	43	199.90	229.89
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	44	205.79	236.66
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	45	212.72	244.63
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	46	220.97	254.12
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	47	230.25	264.79
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	48	240.86	276.99
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	49	251.32	289.02
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	50	263.10	302.57
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	51	274.74	315.95
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	52	287.55	330.68
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	53	300.52	345.60
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	54	314.51	361.69
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	55	328.51	377.79
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	56	343.68	395.23
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	57	359.00	412.85
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	58	375.35	431.65
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	59	383.46	440.98
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	60	399.81	459.78
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	61	413.95	476.04
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	62	423.23	486.71
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	63	434.86	500.09
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	64	441.79	508.06
14002TN0330016	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	441.79	508.06

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	96.06	96.06
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	21	151.27	173.96
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	22	151.27	173.96
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	23	151.27	173.96
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	24	151.27	173.96
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	25	151.88	174.66
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	26	154.90	178.14
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	27	158.54	182.32
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	28	164.44	189.11
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	29	169.28	194.67
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	30	171.69	197.44
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	31	175.33	201.63
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	32	178.96	205.80
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	33	181.23	208.41
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	34	183.64	211.19
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	35	184.86	212.59
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	36	186.07	213.98
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	37	187.28	215.37
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	38	188.48	216.75
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	39	190.91	219.55
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	40	193.32	222.32
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	41	196.96	226.50
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	42	200.44	230.51

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	43	205.28	236.07
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	44	211.33	243.03
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	45	218.44	251.21
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	46	226.92	260.96
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	47	236.44	271.91
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	48	247.33	284.43
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	49	258.07	296.78
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	50	270.18	310.71
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	51	282.13	324.45
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	52	295.28	339.57
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	53	308.60	354.89
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	54	322.97	371.42
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	55	337.34	387.94
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	56	352.92	405.86
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	57	368.65	423.95
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	58	385.44	443.26
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	59	393.77	452.84
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	60	410.56	472.14
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	61	425.08	488.84
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	62	434.61	499.80
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	63	446.56	513.54
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	64	453.67	521.72
14002TN0330016	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	453.67	521.72

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	106.88	106.88
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	21	168.32	193.57
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	22	168.32	193.57
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	23	168.32	193.57
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	24	168.32	193.57
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	25	168.99	194.34
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	26	172.36	198.21
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	27	176.40	202.86
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	28	182.97	210.42
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	29	188.35	216.60
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	30	191.04	219.70
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	31	195.09	224.35
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	32	199.12	228.99
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	33	201.65	231.90
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	34	204.34	234.99
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	35	205.69	236.54
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	36	207.04	238.10
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	37	208.38	239.64
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	38	209.72	241.18
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	39	212.42	244.28
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	40	215.11	247.38
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	41	219.15	252.02
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	42	223.02	256.47

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	43	228.41	262.67
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	44	235.14	270.41
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	45	243.05	279.51
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	46	252.48	290.35
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	47	263.09	302.55
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	48	275.20	316.48
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	49	287.15	330.22
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	50	300.62	345.71
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	51	313.92	361.01
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	52	328.56	377.84
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	53	343.37	394.88
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	54	359.36	413.26
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	55	375.36	431.66
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	56	392.69	451.59
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	57	410.19	471.72
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	58	428.88	493.21
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	59	438.14	503.86
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	60	456.82	525.34
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	61	472.98	543.93
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	62	483.58	556.12
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	63	496.88	571.41
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	64	504.79	580.51
14002TN0330006	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	504.79	580.51

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	100.47	100.47
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	21	158.21	181.94
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	22	158.21	181.94
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	23	158.21	181.94
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	24	158.21	181.94
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	25	158.84	182.67
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	26	162.01	186.31
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	27	165.81	190.68
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	28	171.98	197.78
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	29	177.04	203.60
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	30	179.57	206.51
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	31	183.37	210.88
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	32	187.17	215.25
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	33	189.54	217.97
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	34	192.07	220.88
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	35	193.34	222.34
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	36	194.60	223.79
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	37	195.87	225.25
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	38	197.13	226.70
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	39	199.67	229.62
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	40	202.19	232.52
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	41	206.00	236.90
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	42	209.63	241.07

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	43	214.69	246.89
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	44	221.02	254.17
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	45	228.46	262.73
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	46	237.33	272.93
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	47	247.29	284.38
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	48	258.68	297.48
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	49	269.91	310.40
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	50	282.57	324.96
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	51	295.07	339.33
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	52	308.83	355.15
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	53	322.76	371.17
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	54	337.78	388.45
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	55	352.82	405.74
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	56	369.11	424.48
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	57	385.57	443.41
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	58	403.13	463.60
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	59	411.83	473.60
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	60	429.39	493.80
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	61	444.58	511.27
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	62	454.54	522.72
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	63	467.04	537.10
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	64	474.48	545.65
14002TN0330006	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	474.48	545.65

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	103.55	103.55
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	21	163.07	187.53
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	22	163.07	187.53
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	23	163.07	187.53
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	24	163.07	187.53
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	25	163.72	188.28
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	26	166.98	192.03
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	27	170.90	196.54
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	28	177.26	203.85
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	29	182.48	209.85
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	30	185.08	212.84
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	31	189.00	217.35
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	32	192.91	221.85
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	33	195.36	224.66
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	34	197.96	227.65
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	35	199.27	229.16
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	36	200.58	230.67
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	37	201.88	232.16
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	38	203.18	233.66
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	39	205.79	236.66
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	40	208.40	239.66
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	41	212.32	244.17
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	42	216.06	248.47

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	43	221.28	254.47
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	44	227.80	261.97
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	45	235.47	270.79
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	46	244.61	281.30
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	47	254.88	293.11
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	48	266.62	306.61
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	49	278.19	319.92
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	50	291.24	334.93
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	51	304.13	349.75
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	52	318.31	366.06
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	53	332.66	382.56
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	54	348.15	400.37
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	55	363.64	418.19
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	56	380.44	437.51
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	57	397.40	457.01
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	58	415.50	477.83
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	59	424.47	488.14
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	60	442.57	508.96
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	61	458.22	526.95
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	62	468.49	538.76
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	63	481.37	553.58
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	64	489.04	562.40
14002TN0330006	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	489.04	562.40

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	110.05	110.05
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	21	173.31	199.31
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	22	173.31	199.31
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	23	173.31	199.31
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	24	173.31	199.31
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	25	174.00	200.10
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	26	177.47	204.09
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	27	181.63	208.87
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	28	188.39	216.65
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	29	193.93	223.02
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	30	196.70	226.21
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	31	200.87	231.00
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	32	205.02	235.77
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	33	207.63	238.77
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	34	210.39	241.95
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	35	211.78	243.55
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	36	213.17	245.15
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	37	214.56	246.74
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	38	215.94	248.33
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	39	218.72	251.53
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	40	221.48	254.70
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	41	225.65	259.50
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	42	229.63	264.07

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	43	235.18	270.46
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	44	242.11	278.43
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	45	250.26	287.80
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	46	259.97	298.97
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	47	270.88	311.51
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	48	283.36	325.86
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	49	295.67	340.02
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	50	309.53	355.96
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	51	323.22	371.70
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	52	338.30	389.05
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	53	353.55	406.58
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	54	370.01	425.51
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	55	386.48	444.45
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	56	404.33	464.98
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	57	422.35	485.70
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	58	441.59	507.83
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	59	451.13	518.80
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	60	470.36	540.91
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	61	487.00	560.05
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	62	497.91	572.60
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	63	511.60	588.34
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	64	519.75	597.71
14002TN0330006	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	519.75	597.71

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	111.36	111.36
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	21	175.37	201.68
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	22	175.37	201.68
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	23	175.37	201.68
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	24	175.37	201.68
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	25	176.06	202.47
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	26	179.57	206.51
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	27	183.79	211.36
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	28	190.63	219.22
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	29	196.24	225.68
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	30	199.04	228.90
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	31	203.25	233.74
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	32	207.46	238.58
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	33	210.09	241.60
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	34	212.89	244.82
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	35	214.30	246.45
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	36	215.70	248.06
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	37	217.11	249.68
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	38	218.50	251.28
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	39	221.31	254.51
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	40	224.11	257.73
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	41	228.33	262.58
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	42	232.36	267.21

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	43	237.97	273.67
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	44	244.98	281.73
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	45	253.23	291.21
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	46	263.05	302.51
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	47	274.10	315.22
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	48	286.72	329.73
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	49	299.17	344.05
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	50	313.21	360.19
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	51	327.06	376.12
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	52	342.31	393.66
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	53	357.75	411.41
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	54	374.40	430.56
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	55	391.07	449.73
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	56	409.13	470.50
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	57	427.37	491.48
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	58	446.83	513.85
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	59	456.48	524.95
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	60	475.95	547.34
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	61	492.78	566.70
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	62	503.82	579.39
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	63	517.68	595.33
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	64	525.92	604.81
14002TN0330006	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	525.92	604.81

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	106.73	106.73
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	21	168.08	193.29
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	22	168.08	193.29
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	23	168.08	193.29
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	24	168.08	193.29
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	25	168.75	194.06
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	26	172.11	197.93
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	27	176.15	202.57
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	28	182.71	210.12
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	29	188.09	216.30
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	30	190.77	219.39
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	31	194.81	224.03
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	32	198.84	228.67
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	33	201.37	231.58
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	34	204.05	234.66
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	35	205.40	236.21
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	36	206.74	237.75
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	37	208.09	239.30
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	38	209.43	240.84
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	39	212.12	243.94
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	40	214.80	247.02
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	41	218.85	251.68
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	42	222.71	256.12

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	43	228.08	262.29
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	44	234.81	270.03
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	45	242.71	279.12
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	46	252.13	289.95
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	47	262.71	302.12
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	48	274.82	316.04
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	49	286.75	329.76
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	50	300.20	345.23
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	51	313.48	360.50
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	52	328.09	377.30
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	53	342.89	394.32
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	54	358.85	412.68
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	55	374.83	431.05
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	56	392.14	450.96
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	57	409.61	471.05
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	58	428.27	492.51
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	59	437.52	503.15
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	60	456.18	524.61
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	61	472.31	543.16
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	62	482.90	555.34
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	63	496.18	570.61
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	64	504.08	579.69
14002TN0330006	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	504.08	579.69

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	99.77	99.77
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	21	157.12	180.69
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	22	157.12	180.69
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	23	157.12	180.69
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	24	157.12	180.69
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	25	157.74	181.40
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	26	160.88	185.01
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	27	164.66	189.36
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	28	170.79	196.41
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	29	175.82	202.19
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	30	178.32	205.07
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	31	182.10	209.42
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	32	185.87	213.75
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	33	188.23	216.46
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	34	190.74	219.35
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	35	192.00	220.80
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	36	193.26	222.25
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	37	194.51	223.69
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	38	195.76	225.12
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	39	198.28	228.02
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	40	200.79	230.91
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	41	204.57	235.26
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	42	208.18	239.41

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	43	213.20	245.18
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	44	219.49	252.41
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	45	226.88	260.91
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	46	235.68	271.03
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	47	245.58	282.42
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	48	256.89	295.42
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	49	268.04	308.25
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	50	280.61	322.70
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	51	293.03	336.98
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	52	306.69	352.69
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	53	320.52	368.60
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	54	335.44	385.76
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	55	350.37	402.93
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	56	366.55	421.53
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	57	382.89	440.32
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	58	400.33	460.38
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	59	408.98	470.33
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	60	426.42	490.38
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	61	441.50	507.73
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	62	451.39	519.10
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	63	463.81	533.38
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	64	471.19	541.87
14002TN0330006	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	471.19	541.87

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	111.68	111.68
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	21	175.87	202.25
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	22	175.87	202.25
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	23	175.87	202.25
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	24	175.87	202.25
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	25	176.57	203.06
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	26	180.09	207.10
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	27	184.32	211.97
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	28	191.17	219.85
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	29	196.80	226.32
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	30	199.61	229.55
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	31	203.84	234.42
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	32	208.05	239.26
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	33	210.70	242.31
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	34	213.50	245.53
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	35	214.91	247.15
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	36	216.32	248.77
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	37	217.73	250.39
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	38	219.13	252.00
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	39	221.95	255.24
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	40	224.76	258.47
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	41	228.98	263.33
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	42	233.02	267.97

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	43	238.65	274.45
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	44	245.69	282.54
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	45	253.96	292.05
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	46	263.81	303.38
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	47	274.89	316.12
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	48	287.55	330.68
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	49	300.03	345.03
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	50	314.11	361.23
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	51	328.00	377.20
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	52	343.29	394.78
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	53	358.78	412.60
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	54	375.48	431.80
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	55	392.19	451.02
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	56	410.30	471.85
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	57	428.59	492.88
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	58	448.11	515.33
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	59	457.79	526.46
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	60	477.31	548.91
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	61	494.19	568.32
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	62	505.27	581.06
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	63	519.16	597.03
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	64	527.43	606.54
14002TN0330006	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	527.43	606.54

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	108.52	108.52
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	21	170.90	196.54
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	22	170.90	196.54
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	23	170.90	196.54
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	24	170.90	196.54
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	25	171.58	197.32
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	26	175.00	201.25
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	27	179.10	205.97
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	28	185.77	213.64
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	29	191.23	219.91
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	30	193.97	223.07
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	31	198.07	227.78
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	32	202.17	232.50
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	33	204.73	235.44
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	34	207.47	238.59
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	35	208.83	240.15
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	36	210.20	241.73
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	37	211.57	243.31
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	38	212.94	244.88
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	39	215.67	248.02
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	40	218.41	251.17
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	41	222.51	255.89
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	42	226.44	260.41

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	43	231.90	266.69
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	44	238.74	274.55
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	45	246.78	283.80
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	46	256.35	294.80
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	47	267.11	307.18
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	48	279.41	321.32
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	49	291.55	335.28
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	50	305.22	351.00
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	51	318.72	366.53
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	52	333.59	383.63
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	53	348.63	400.92
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	54	364.87	419.60
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	55	381.10	438.27
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	56	398.70	458.51
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	57	416.47	478.94
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	58	435.45	500.77
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	59	444.85	511.58
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	60	463.82	533.39
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	61	480.22	552.25
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	62	490.99	564.64
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	63	504.49	580.16
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	64	512.52	589.40
14002TN0330017	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	512.52	589.40

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	108.82	108.82
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	21	171.38	197.09
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	22	171.38	197.09
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	23	171.38	197.09
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	24	171.38	197.09
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	25	172.07	197.88
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	26	175.49	201.81
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	27	179.60	206.54
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	28	186.29	214.23
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	29	191.77	220.54
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	30	194.52	223.70
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	31	198.63	228.42
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	32	202.74	233.15
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	33	205.31	236.11
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	34	208.06	239.27
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	35	209.42	240.83
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	36	210.80	242.42
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	37	212.17	244.00
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	38	213.54	245.57
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	39	216.28	248.72
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	40	219.02	251.87
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	41	223.13	256.60
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	42	227.08	261.14

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	43	232.56	267.44
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	44	239.42	275.33
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	45	247.47	284.59
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	46	257.07	295.63
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	47	267.87	308.05
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	48	280.20	322.23
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	49	292.37	336.23
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	50	306.09	352.00
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	51	319.62	367.56
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	52	334.54	384.72
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	53	349.62	402.06
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	54	365.90	420.79
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	55	382.18	439.51
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	56	399.83	459.80
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	57	417.65	480.30
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	58	436.68	502.18
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	59	446.10	513.02
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	60	465.13	534.90
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	61	481.58	553.82
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	62	492.38	566.24
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	63	505.92	581.81
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	64	513.97	591.07
14002TN0330017	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	513.97	591.07

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	109.23	109.23
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	21	172.02	197.82
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	22	172.02	197.82
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	23	172.02	197.82
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	24	172.02	197.82
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	25	172.71	198.62
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	26	176.15	202.57
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	27	180.28	207.32
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	28	186.99	215.04
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	29	192.49	221.36
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	30	195.25	224.54
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	31	199.38	229.29
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	32	203.50	234.03
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	33	206.08	236.99
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	34	208.84	240.17
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	35	210.21	241.74
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	36	211.59	243.33
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	37	212.96	244.90
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	38	214.35	246.50
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	39	217.09	249.65
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	40	219.85	252.83
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	41	223.97	257.57
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	42	227.93	262.12

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	43	233.43	268.44
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	44	240.32	276.37
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	45	248.40	285.66
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	46	258.04	296.75
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	47	268.87	309.20
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	48	281.26	323.45
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	49	293.47	337.49
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	50	307.23	353.31
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	51	320.82	368.94
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	52	335.79	386.16
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	53	350.93	403.57
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	54	367.27	422.36
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	55	383.61	441.15
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	56	401.33	461.53
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	57	419.22	482.10
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	58	438.32	504.07
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	59	447.78	514.95
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	60	466.88	536.91
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	61	483.39	555.90
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	62	494.23	568.36
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	63	507.82	583.99
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	64	515.90	593.29
14002TN0330017	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	515.90	593.29

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	112.17	112.17
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	21	176.65	203.15
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	22	176.65	203.15
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	23	176.65	203.15
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	24	176.65	203.15
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	25	177.36	203.96
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	26	180.89	208.02
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	27	185.13	212.90
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	28	192.02	220.82
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	29	197.67	227.32
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	30	200.50	230.58
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	31	204.74	235.45
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	32	208.97	240.32
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	33	211.62	243.36
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	34	214.45	246.62
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	35	215.86	248.24
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	36	217.28	249.87
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	37	218.69	251.49
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	38	220.11	253.13
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	39	222.93	256.37
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	40	225.76	259.62
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	41	230.00	264.50
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	42	234.06	269.17

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	43	239.71	275.67
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	44	246.78	283.80
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	45	255.08	293.34
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	46	264.98	304.73
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	47	276.10	317.52
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	48	288.82	332.14
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	49	301.36	346.56
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	50	315.50	362.83
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	51	329.45	378.87
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	52	344.82	396.54
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	53	360.37	414.43
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	54	377.15	433.72
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	55	393.93	453.02
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	56	412.12	473.94
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	57	430.49	495.06
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	58	450.10	517.62
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	59	459.82	528.79
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	60	479.43	551.34
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	61	496.38	570.84
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	62	507.52	583.65
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	63	521.47	599.69
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	64	529.77	609.24
14002TN0330017	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	529.77	609.24

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	124.81	124.81
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	21	196.55	226.03
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	22	196.55	226.03
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	23	196.55	226.03
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	24	196.55	226.03
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	25	197.34	226.94
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	26	201.27	231.46
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	27	205.99	236.89
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	28	213.66	245.71
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	29	219.94	252.93
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	30	223.09	256.55
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	31	227.81	261.98
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	32	232.52	267.40
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	33	235.47	270.79
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	34	238.62	274.41
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	35	240.19	276.22
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	36	241.76	278.02
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	37	243.33	279.83
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	38	244.91	281.65
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	39	248.05	285.26
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	40	251.20	288.88
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	41	255.91	294.30
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	42	260.44	299.51

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	43	266.72	306.73
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	44	274.59	315.78
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	45	283.83	326.40
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	46	294.84	339.07
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	47	307.22	353.30
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	48	321.36	369.56
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	49	335.32	385.62
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	50	351.05	403.71
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	51	366.57	421.56
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	52	383.68	441.23
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	53	400.97	461.12
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	54	419.65	482.60
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	55	438.32	504.07
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	56	458.56	527.34
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	57	479.00	550.85
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	58	500.82	575.94
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	59	511.63	588.37
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	60	533.45	613.47
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	61	552.32	635.17
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	62	564.71	649.42
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	63	580.23	667.26
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	64	589.46	677.88
14002TN0330007	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	589.46	677.88

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	117.31	117.31
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	21	184.75	212.46
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	22	184.75	212.46
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	23	184.75	212.46
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	24	184.75	212.46
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	25	185.50	213.33
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	26	189.19	217.57
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	27	193.62	222.66
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	28	200.83	230.95
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	29	206.74	237.75
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	30	209.70	241.16
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	31	214.13	246.25
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	32	218.56	251.34
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	33	221.33	254.53
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	34	224.29	257.93
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	35	225.76	259.62
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	36	227.25	261.34
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	37	228.72	263.03
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	38	230.21	264.74
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	39	233.16	268.13
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	40	236.11	271.53
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	41	240.55	276.63
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	42	244.80	281.52

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	43	250.71	288.32
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	44	258.10	296.82
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	45	266.79	306.81
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	46	277.13	318.70
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	47	288.77	332.09
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	48	302.07	347.38
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	49	315.19	362.47
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	50	329.97	379.47
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	51	344.56	396.24
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	52	360.64	414.74
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	53	376.90	433.44
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	54	394.45	453.62
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	55	412.00	473.80
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	56	431.03	495.68
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	57	450.24	517.78
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	58	470.75	541.36
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	59	480.91	553.05
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	60	501.42	576.63
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	61	519.16	597.03
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	62	530.80	610.42
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	63	545.39	627.20
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	64	554.07	637.18
14002TN0330007	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	554.07	637.18

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	120.91	120.91
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	21	190.42	218.98
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	22	190.42	218.98
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	23	190.42	218.98
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	24	190.42	218.98
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	25	191.19	219.87
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	26	194.99	224.24
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	27	199.56	229.49
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	28	206.99	238.04
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	29	213.08	245.04
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	30	216.13	248.55
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	31	220.70	253.81
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	32	225.27	259.06
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	33	228.12	262.34
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	34	231.17	265.85
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	35	232.69	267.59
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	36	234.22	269.35
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	37	235.74	271.10
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	38	237.27	272.86
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	39	240.31	276.36
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	40	243.36	279.86
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	41	247.93	285.12
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	42	252.31	290.16

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	43	258.40	297.16
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	44	266.02	305.92
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	45	274.97	316.22
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	46	285.64	328.49
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	47	297.63	342.27
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	48	311.34	358.04
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	49	324.86	373.59
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	50	340.09	391.10
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	51	355.14	408.41
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	52	371.71	427.47
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	53	388.46	446.73
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	54	406.55	467.53
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	55	424.64	488.34
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	56	444.25	510.89
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	57	464.06	533.67
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	58	485.20	557.98
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	59	495.67	570.02
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	60	516.81	594.33
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	61	535.09	615.35
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	62	547.09	629.15
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	63	562.13	646.45
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	64	571.07	656.73
14002TN0330007	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	571.07	656.73

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	128.51	128.51
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	21	202.38	232.74
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	22	202.38	232.74
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	23	202.38	232.74
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	24	202.38	232.74
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	25	203.19	233.67
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	26	207.24	238.33
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	27	212.09	243.90
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	28	219.99	252.99
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	29	226.46	260.43
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	30	229.70	264.16
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	31	234.56	269.74
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	32	239.41	275.32
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	33	242.45	278.82
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	34	245.69	282.54
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	35	247.31	284.41
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	36	248.93	286.27
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	37	250.55	288.13
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	38	252.17	290.00
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	39	255.40	293.71
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	40	258.64	297.44
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	41	263.50	303.03
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	42	268.16	308.38

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	43	274.63	315.82
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	44	282.72	325.13
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	45	292.24	336.08
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	46	303.58	349.12
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	47	316.32	363.77
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	48	330.89	380.52
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	49	345.26	397.05
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	50	361.45	415.67
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	51	377.44	434.06
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	52	395.05	454.31
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	53	412.86	474.79
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	54	432.08	496.89
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	55	451.31	519.01
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	56	472.15	542.97
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	57	493.20	567.18
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	58	515.67	593.02
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	59	526.80	605.82
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	60	549.27	631.66
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	61	568.69	653.99
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	62	581.44	668.66
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	63	597.43	687.04
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	64	606.94	697.98
14002TN0330007	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	606.94	697.98

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	130.03	130.03
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	21	204.78	235.50
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	22	204.78	235.50
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	23	204.78	235.50
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	24	204.78	235.50
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	25	205.61	236.45
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	26	209.70	241.16
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	27	214.61	246.80
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	28	222.60	255.99
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	29	229.15	263.52
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	30	232.43	267.29
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	31	237.34	272.94
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	32	242.26	278.60
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	33	245.33	282.13
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	34	248.61	285.90
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	35	250.24	287.78
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	36	251.88	289.66
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	37	253.52	291.55
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	38	255.16	293.43
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	39	258.43	297.19
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	40	261.71	300.97
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	41	266.62	306.61
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	42	271.34	312.04

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	43	277.89	319.57
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	44	286.08	328.99
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	45	295.71	340.07
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	46	307.18	353.26
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	47	320.08	368.09
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	48	334.82	385.04
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	49	349.36	401.76
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	50	365.74	420.60
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	51	381.92	439.21
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	52	399.74	459.70
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	53	417.76	480.42
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	54	437.21	502.79
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	55	456.67	525.17
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	56	477.76	549.42
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	57	499.05	573.91
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	58	521.79	600.06
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	59	533.05	613.01
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	60	555.79	639.16
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	61	575.44	661.76
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	62	588.35	676.60
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	63	604.52	695.20
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	64	614.14	706.26
14002TN0330007	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	614.14	706.26

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	124.63	124.63
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	21	196.28	225.72
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	22	196.28	225.72
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	23	196.28	225.72
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	24	196.28	225.72
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	25	197.07	226.63
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	26	200.99	231.14
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	27	205.70	236.56
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	28	213.36	245.36
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	29	219.63	252.57
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	30	222.78	256.20
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	31	227.49	261.61
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	32	232.19	267.02
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	33	235.14	270.41
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	34	238.28	274.02
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	35	239.85	275.83
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	36	241.42	277.63
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	37	242.99	279.44
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	38	244.57	281.26
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	39	247.70	284.86
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	40	250.84	288.47
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	41	255.55	293.88
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	42	260.07	299.08

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	43	266.35	306.30
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	44	274.20	315.33
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	45	283.43	325.94
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	46	294.42	338.58
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	47	306.78	352.80
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	48	320.91	369.05
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	49	334.85	385.08
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	50	350.55	403.13
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	51	366.06	420.97
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	52	383.14	440.61
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	53	400.41	460.47
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	54	419.05	481.91
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	55	437.70	503.36
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	56	457.91	526.60
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	57	478.33	550.08
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	58	500.12	575.14
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	59	510.91	587.55
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	60	532.70	612.61
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	61	551.54	634.27
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	62	563.91	648.50
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	63	579.41	666.32
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	64	588.63	676.92
14002TN0330007	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	588.63	676.92

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	116.50	116.50
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	21	183.47	210.99
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	22	183.47	210.99
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	23	183.47	210.99
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	24	183.47	210.99
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	25	184.21	211.84
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	26	187.87	216.05
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	27	192.28	221.12
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	28	199.44	229.36
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	29	205.31	236.11
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	30	208.24	239.48
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	31	212.64	244.54
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	32	217.05	249.61
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	33	219.80	252.77
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	34	222.74	256.15
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	35	224.20	257.83
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	36	225.67	259.52
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	37	227.14	261.21
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	38	228.61	262.90
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	39	231.54	266.27
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	40	234.48	269.65
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	41	238.88	274.71
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	42	243.10	279.57

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	43	248.97	286.32
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	44	256.31	294.76
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	45	264.94	304.68
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	46	275.21	316.49
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	47	286.77	329.79
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	48	299.97	344.97
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	49	313.00	359.95
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	50	327.68	376.83
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	51	342.18	393.51
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	52	358.14	411.86
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	53	374.29	430.43
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	54	391.72	450.48
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	55	409.15	470.52
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	56	428.04	492.25
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	57	447.12	514.19
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	58	467.49	537.61
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	59	477.58	549.22
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	60	497.95	572.64
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	61	515.56	592.89
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	62	527.12	606.19
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	63	541.61	622.85
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	64	550.23	632.76
14002TN0330007	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	550.23	632.76

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	130.41	130.41
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	21	205.37	236.18
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	22	205.37	236.18
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	23	205.37	236.18
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	24	205.37	236.18
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	25	206.20	237.13
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	26	210.30	241.85
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	27	215.23	247.51
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	28	223.24	256.73
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	29	229.81	264.28
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	30	233.10	268.07
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	31	238.03	273.73
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	32	242.95	279.39
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	33	246.03	282.93
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	34	249.32	286.72
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	35	250.96	288.60
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	36	252.61	290.50
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	37	254.25	292.39
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	38	255.90	294.29
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	39	259.18	298.06
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	40	262.46	301.83
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	41	267.39	307.50
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	42	272.12	312.94

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	43	278.69	320.49
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	44	286.90	329.94
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	45	296.56	341.04
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	46	308.06	354.27
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	47	321.00	369.15
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	48	335.78	386.15
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	49	350.36	402.91
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	50	366.79	421.81
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	51	383.02	440.47
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	52	400.89	461.02
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	53	418.96	481.80
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	54	438.47	504.24
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	55	457.98	526.68
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	56	479.13	551.00
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	57	500.49	575.56
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	58	523.29	601.78
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	59	534.58	614.77
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	60	557.38	640.99
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	61	577.09	663.65
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	62	590.04	678.55
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	63	606.26	697.20
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	64	615.90	708.29
14002TN0330007	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	615.90	708.29

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	106.72	106.72
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	21	168.06	193.27
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	22	168.06	193.27
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	23	168.06	193.27
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	24	168.06	193.27
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	25	168.73	194.04
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	26	172.09	197.90
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	27	176.13	202.55
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	28	182.68	210.08
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	29	188.05	216.26
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	30	190.75	219.36
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	31	194.78	224.00
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	32	198.81	228.63
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	33	201.34	231.54
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	34	204.02	234.62
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	35	205.37	236.18
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	36	206.71	237.72
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	37	208.05	239.26
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	38	209.40	240.81
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	39	212.09	243.90
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	40	214.77	246.99
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	41	218.80	251.62
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	42	222.67	256.07

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	43	228.06	262.27
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	44	234.77	269.99
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	45	242.68	279.08
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	46	252.08	289.89
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	47	262.67	302.07
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	48	274.77	315.99
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	49	286.70	329.71
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	50	300.15	345.17
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	51	313.42	360.43
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	52	328.04	377.25
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	53	342.84	394.27
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	54	358.80	412.62
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	55	374.77	430.99
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	56	392.07	450.88
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	57	409.55	470.98
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	58	428.21	492.44
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	59	437.45	503.07
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	60	456.10	524.52
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	61	472.24	543.08
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	62	482.82	555.24
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	63	496.10	570.52
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	64	504.00	579.60
14002TN0330018	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	504.00	579.60

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	107.02	107.02
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	21	168.53	193.81
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	22	168.53	193.81
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	23	168.53	193.81
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	24	168.53	193.81
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	25	169.20	194.58
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	26	172.57	198.46
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	27	176.62	203.11
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	28	183.19	210.67
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	29	188.59	216.88
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	30	191.29	219.98
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	31	195.33	224.63
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	32	199.37	229.28
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	33	201.91	232.20
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	34	204.60	235.29
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	35	205.95	236.84
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	36	207.30	238.40
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	37	208.64	239.94
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	38	209.99	241.49
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	39	212.69	244.59
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	40	215.38	247.69
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	41	219.42	252.33
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	42	223.30	256.80

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	43	228.70	263.01
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	44	235.44	270.76
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	45	243.36	279.86
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	46	252.80	290.72
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	47	263.42	302.93
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	48	275.55	316.88
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	49	287.51	330.64
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	50	301.00	346.15
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	51	314.31	361.46
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	52	328.97	378.32
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	53	343.81	395.38
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	54	359.82	413.79
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	55	375.83	432.20
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	56	393.18	452.16
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	57	410.71	472.32
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	58	429.42	493.83
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	59	438.69	504.49
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	60	457.39	526.00
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	61	473.57	544.61
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	62	484.19	556.82
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	63	497.50	572.13
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	64	505.43	581.24
14002TN0330018	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	505.43	581.24

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	107.42	107.42
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	21	169.16	194.53
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	22	169.16	194.53
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	23	169.16	194.53
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	24	169.16	194.53
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	25	169.84	195.32
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	26	173.22	199.20
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	27	177.29	203.88
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	28	183.88	211.46
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	29	189.29	217.68
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	30	192.00	220.80
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	31	196.06	225.47
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	32	200.12	230.14
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	33	202.66	233.06
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	34	205.37	236.18
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	35	206.72	237.73
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	36	208.08	239.29
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	37	209.42	240.83
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	38	210.78	242.40
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	39	213.49	245.51
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	40	216.19	248.62
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	41	220.25	253.29
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	42	224.14	257.76

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	43	229.56	263.99
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	44	236.32	271.77
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	45	244.28	280.92
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	46	253.75	291.81
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	47	264.41	304.07
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	48	276.59	318.08
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	49	288.59	331.88
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	50	302.13	347.45
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	51	315.49	362.81
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	52	330.21	379.74
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	53	345.10	396.87
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	54	361.17	415.35
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	55	377.24	433.83
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	56	394.66	453.86
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	57	412.25	474.09
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	58	431.03	495.68
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	59	440.34	506.39
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	60	459.11	527.98
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	61	475.35	546.65
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	62	486.01	558.91
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	63	499.37	574.28
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	64	507.33	583.43
14002TN0330018	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	507.33	583.43

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	110.31	110.31
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	21	173.71	199.77
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	22	173.71	199.77
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	23	173.71	199.77
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	24	173.71	199.77
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	25	174.40	200.56
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	26	177.88	204.56
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	27	182.05	209.36
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	28	188.83	217.15
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	29	194.38	223.54
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	30	197.17	226.75
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	31	201.33	231.53
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	32	205.50	236.33
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	33	208.11	239.33
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	34	210.89	242.52
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	35	212.28	244.12
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	36	213.67	245.72
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	37	215.05	247.31
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	38	216.45	248.92
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	39	219.23	252.11
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	40	222.00	255.30
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	41	226.17	260.10
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	42	230.17	264.70

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	43	235.73	271.09
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	44	242.67	279.07
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	45	250.85	288.48
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	46	260.57	299.66
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	47	271.52	312.25
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	48	284.02	326.62
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	49	296.35	340.80
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	50	310.25	356.79
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	51	323.97	372.57
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	52	339.08	389.94
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	53	354.38	407.54
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	54	370.88	426.51
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	55	387.38	445.49
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	56	405.27	466.06
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	57	423.34	486.84
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	58	442.62	509.01
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	59	452.18	520.01
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	60	471.46	542.18
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	61	488.13	561.35
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	62	499.08	573.94
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	63	512.80	589.72
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	64	520.97	599.12
14002TN0330018	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	520.97	599.12

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	122.74	122.74
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	21	193.29	222.28
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	22	193.29	222.28
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	23	193.29	222.28
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	24	193.29	222.28
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	25	194.06	223.17
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	26	197.92	227.61
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	27	202.57	232.96
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	28	210.10	241.62
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	29	216.29	248.73
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	30	219.38	252.29
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	31	224.02	257.62
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	32	228.66	262.96
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	33	231.56	266.29
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	34	234.65	269.85
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	35	236.20	271.63
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	36	237.75	273.41
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	37	239.29	275.18
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	38	240.84	276.97
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	39	243.93	280.52
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	40	247.02	284.07
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	41	251.66	289.41
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	42	256.10	294.52

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	43	262.30	301.65
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	44	270.02	310.52
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	45	279.11	320.98
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	46	289.93	333.42
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	47	302.11	347.43
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	48	316.03	363.43
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	49	329.75	379.21
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	50	345.21	396.99
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	51	360.48	414.55
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	52	377.29	433.88
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	53	394.31	453.46
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	54	412.67	474.57
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	55	431.04	495.70
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	56	450.94	518.58
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	57	471.04	541.70
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	58	492.50	566.38
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	59	503.13	578.60
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	60	524.58	603.27
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	61	543.14	624.61
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	62	555.31	638.61
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	63	570.58	656.17
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	64	579.67	666.62
14002TN0330008	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	579.67	666.62

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	115.37	115.37
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	21	181.68	208.93
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	22	181.68	208.93
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	23	181.68	208.93
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	24	181.68	208.93
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	25	182.41	209.77
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	26	186.04	213.95
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	27	190.41	218.97
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	28	197.49	227.11
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	29	203.30	233.80
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	30	206.21	237.14
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	31	210.57	242.16
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	32	214.93	247.17
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	33	217.66	250.31
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	34	220.56	253.64
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	35	222.02	255.32
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	36	223.47	256.99
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	37	224.92	258.66
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	38	226.38	260.34
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	39	229.29	263.68
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	40	232.19	267.02
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	41	236.55	272.03
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	42	240.72	276.83

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	43	246.55	283.53
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	44	253.81	291.88
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	45	262.35	301.70
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	46	272.52	313.40
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	47	283.97	326.57
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	48	297.05	341.61
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	49	309.95	356.44
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	50	324.49	373.16
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	51	338.83	389.65
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	52	354.64	407.84
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	53	370.63	426.22
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	54	387.89	446.07
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	55	405.16	465.93
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	56	423.86	487.44
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	57	442.76	509.17
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	58	462.93	532.37
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	59	472.92	543.86
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	60	493.09	567.05
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	61	510.52	587.10
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	62	521.97	600.27
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	63	536.32	616.77
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	64	544.87	626.60
14002TN0330008	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	544.87	626.60

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	118.91	118.91
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	21	187.26	215.35
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	22	187.26	215.35
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	23	187.26	215.35
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	24	187.26	215.35
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	25	188.00	216.20
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	26	191.75	220.51
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	27	196.25	225.69
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	28	203.55	234.08
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	29	209.54	240.97
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	30	212.54	244.42
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	31	217.03	249.58
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	32	221.52	254.75
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	33	224.34	257.99
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	34	227.33	261.43
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	35	228.83	263.15
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	36	230.33	264.88
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	37	231.82	266.59
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	38	233.32	268.32
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	39	236.32	271.77
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	40	239.31	275.21
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	41	243.80	280.37
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	42	248.11	285.33

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	43	254.11	292.23
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	44	261.59	300.83
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	45	270.40	310.96
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	46	280.89	323.02
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	47	292.68	336.58
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	48	306.17	352.10
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	49	319.46	367.38
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	50	334.44	384.61
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	51	349.23	401.61
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	52	365.52	420.35
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	53	382.01	439.31
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	54	399.80	459.77
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	55	417.59	480.23
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	56	436.87	502.40
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	57	456.34	524.79
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	58	477.13	548.70
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	59	487.43	560.54
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	60	508.22	584.45
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	61	526.19	605.12
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	62	537.99	618.69
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	63	552.78	635.70
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	64	561.59	645.83
14002TN0330008	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	561.59	645.83

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	126.38	126.38
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	21	199.02	228.87
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	22	199.02	228.87
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	23	199.02	228.87
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	24	199.02	228.87
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	25	199.81	229.78
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	26	203.79	234.36
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	27	208.57	239.86
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	28	216.33	248.78
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	29	222.70	256.11
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	30	225.89	259.77
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	31	230.66	265.26
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	32	235.43	270.74
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	33	238.43	274.19
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	34	241.61	277.85
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	35	243.20	279.68
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	36	244.79	281.51
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	37	246.38	283.34
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	38	247.97	285.17
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	39	251.16	288.83
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	40	254.34	292.49
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	41	259.11	297.98
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	42	263.69	303.24

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	43	270.07	310.58
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	44	278.02	319.72
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	45	287.38	330.49
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	46	298.53	343.31
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	47	311.07	357.73
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	48	325.40	374.21
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	49	339.52	390.45
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	50	355.44	408.76
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	51	371.16	426.83
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	52	388.48	446.75
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	53	406.00	466.90
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	54	424.90	488.64
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	55	443.81	510.38
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	56	464.30	533.95
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	57	485.00	557.75
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	58	507.10	583.17
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	59	518.04	595.75
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	60	540.13	621.15
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	61	559.23	643.11
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	62	571.77	657.54
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	63	587.49	675.61
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	64	596.85	686.38
14002TN0330008	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	596.85	686.38

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	127.88	127.88
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	21	201.38	231.59
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	22	201.38	231.59
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	23	201.38	231.59
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	24	201.38	231.59
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	25	202.18	232.51
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	26	206.21	237.14
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	27	211.05	242.71
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	28	218.90	251.74
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	29	225.34	259.14
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	30	228.57	262.86
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	31	233.40	268.41
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	32	238.23	273.96
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	33	241.26	277.45
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	34	244.47	281.14
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	35	246.09	283.00
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	36	247.70	284.86
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	37	249.30	286.70
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	38	250.92	288.56
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	39	254.14	292.26
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	40	257.36	295.96
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	41	262.19	301.52
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	42	266.82	306.84

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	43	273.28	314.27
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	44	281.32	323.52
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	45	290.80	334.42
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	46	302.07	347.38
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	47	314.76	361.97
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	48	329.26	378.65
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	49	343.55	395.08
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	50	359.66	413.61
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	51	375.57	431.91
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	52	393.09	452.05
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	53	410.81	472.43
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	54	429.95	494.44
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	55	449.08	516.44
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	56	469.81	540.28
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	57	490.76	564.37
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	58	513.12	590.09
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	59	524.19	602.82
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	60	546.54	628.52
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	61	565.87	650.75
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	62	578.56	665.34
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	63	594.47	683.64
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	64	603.94	694.53
14002TN0330008	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	603.94	694.53

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	122.57	122.57
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	21	193.01	221.96
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	22	193.01	221.96
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	23	193.01	221.96
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	24	193.01	221.96
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	25	193.78	222.85
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	26	197.64	227.29
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	27	202.28	232.62
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	28	209.81	241.28
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	29	215.98	248.38
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	30	219.07	251.93
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	31	223.70	257.26
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	32	228.33	262.58
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	33	231.24	265.93
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	34	234.32	269.47
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	35	235.87	271.25
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	36	237.41	273.02
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	37	238.95	274.79
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	38	240.50	276.58
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	39	243.59	280.13
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	40	246.67	283.67
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	41	251.30	289.00
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	42	255.74	294.10

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	43	261.93	301.22
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	44	269.64	310.09
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	45	278.72	320.53
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	46	289.52	332.95
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	47	301.68	346.93
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	48	315.58	362.92
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	49	329.28	378.67
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	50	344.72	396.43
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	51	359.97	413.97
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	52	376.76	433.27
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	53	393.75	452.81
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	54	412.09	473.90
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	55	430.43	494.99
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	56	450.30	517.85
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	57	470.37	540.93
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	58	491.81	565.58
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	59	502.42	577.78
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	60	523.84	602.42
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	61	542.37	623.73
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	62	554.53	637.71
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	63	569.78	655.25
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	64	578.85	665.68
14002TN0330008	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	578.85	665.68

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	114.57	114.57
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	21	180.42	207.48
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	22	180.42	207.48
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	23	180.42	207.48
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	24	180.42	207.48
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	25	181.14	208.31
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	26	184.75	212.46
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	27	189.09	217.45
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	28	196.12	225.54
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	29	201.89	232.17
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	30	204.78	235.50
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	31	209.11	240.48
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	32	213.44	245.46
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	33	216.15	248.57
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	34	219.03	251.88
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	35	220.48	253.55
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	36	221.92	255.21
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	37	223.36	256.86
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	38	224.81	258.53
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	39	227.70	261.86
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	40	230.58	265.17
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	41	234.91	270.15
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	42	239.06	274.92

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	43	244.84	281.57
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	44	252.05	289.86
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	45	260.53	299.61
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	46	270.63	311.22
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	47	282.00	324.30
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	48	294.99	339.24
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	49	307.80	353.97
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	50	322.24	370.58
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	51	336.49	386.96
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	52	352.18	405.01
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	53	368.06	423.27
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	54	385.21	442.99
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	55	402.35	462.70
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	56	420.93	484.07
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	57	439.69	505.64
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	58	459.72	528.68
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	59	469.64	540.09
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	60	489.67	563.12
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	61	506.99	583.04
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	62	518.36	596.11
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	63	532.61	612.50
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	64	541.09	622.25
14002TN0330008	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	541.09	622.25

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	128.25	128.25
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	21	201.96	232.25
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	22	201.96	232.25
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	23	201.96	232.25
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	24	201.96	232.25
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	25	202.76	233.17
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	26	206.80	237.82
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	27	211.66	243.41
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	28	219.53	252.46
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	29	225.99	259.89
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	30	229.22	263.60
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	31	234.07	269.18
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	32	238.91	274.75
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	33	241.95	278.24
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	34	245.18	281.96
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	35	246.79	283.81
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	36	248.41	285.67
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	37	250.02	287.52
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	38	251.64	289.39
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	39	254.87	293.10
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	40	258.10	296.82
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	41	262.94	302.38
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	42	267.59	307.73

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	43	274.06	315.17
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	44	282.13	324.45
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	45	291.63	335.37
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	46	302.94	348.38
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	47	315.66	363.01
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	48	330.20	379.73
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	49	344.54	396.22
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	50	360.70	414.81
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	51	376.65	433.15
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	52	394.22	453.35
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	53	412.00	473.80
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	54	431.18	495.86
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	55	450.37	517.93
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	56	471.16	541.83
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	57	492.17	566.00
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	58	514.59	591.78
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	59	525.70	604.56
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	60	548.11	630.33
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	61	567.50	652.63
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	62	580.22	667.25
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	63	596.17	685.60
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	64	605.67	696.52
14002TN0330008	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	605.67	696.52

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	114.25	114.25
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	21	179.92	206.91
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	22	179.92	206.91
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	23	179.92	206.91
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	24	179.92	206.91
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	25	180.64	207.74
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	26	184.24	211.88
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	27	188.56	216.84
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	28	195.58	224.92
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	29	201.34	231.54
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	30	204.21	234.84
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	31	208.53	239.81
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	32	212.85	244.78
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	33	215.55	247.88
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	34	218.42	251.18
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	35	219.86	252.84
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	36	221.31	254.51
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	37	222.74	256.15
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	38	224.18	257.81
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	39	227.07	261.13
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	40	229.94	264.43
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	41	234.26	269.40
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	42	238.39	274.15

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	43	244.15	280.77
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	44	251.35	289.05
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	45	259.81	298.78
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	46	269.88	310.36
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	47	281.22	323.40
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	48	294.17	338.30
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	49	306.95	352.99
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	50	321.34	369.54
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	51	335.56	385.89
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	52	351.21	403.89
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	53	367.04	422.10
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	54	384.13	441.75
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	55	401.23	461.41
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	56	419.76	482.72
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	57	438.47	504.24
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	58	458.44	527.21
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	59	468.34	538.59
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	60	488.31	561.56
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	61	505.58	581.42
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	62	516.92	594.46
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	63	531.13	610.80
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	64	539.58	620.52
14002TN0330019	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	539.58	620.52

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	114.57	114.57
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	21	180.43	207.49
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	22	180.43	207.49
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	23	180.43	207.49
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	24	180.43	207.49
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	25	181.15	208.32
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	26	184.76	212.47
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	27	189.09	217.45
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	28	196.13	225.55
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	29	201.91	232.20
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	30	204.79	235.51
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	31	209.12	240.49
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	32	213.45	245.47
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	33	216.16	248.58
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	34	219.04	251.90
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	35	220.49	253.56
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	36	221.93	255.22
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	37	223.37	256.88
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	38	224.82	258.54
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	39	227.71	261.87
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	40	230.59	265.18
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	41	234.92	270.16
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	42	239.07	274.93

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	43	244.84	281.57
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	44	252.07	289.88
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	45	260.54	299.62
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	46	270.65	311.25
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	47	282.02	324.32
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	48	295.00	339.25
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	49	307.82	353.99
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	50	322.25	370.59
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	51	336.51	386.99
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	52	352.20	405.03
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	53	368.08	423.29
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	54	385.22	443.00
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	55	402.36	462.71
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	56	420.95	484.09
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	57	439.71	505.67
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	58	459.74	528.70
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	59	469.66	540.11
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	60	489.69	563.14
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	61	507.01	583.06
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	62	518.38	596.14
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	63	532.63	612.52
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	64	541.11	622.28
14002TN0330019	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	541.11	622.28

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	115.00	115.00
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	21	181.11	208.28
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	22	181.11	208.28
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	23	181.11	208.28
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	24	181.11	208.28
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	25	181.83	209.10
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	26	185.45	213.27
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	27	189.80	218.27
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	28	196.87	226.40
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	29	202.66	233.06
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	30	205.56	236.39
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	31	209.90	241.39
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	32	214.25	246.39
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	33	216.97	249.52
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	34	219.86	252.84
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	35	221.31	254.51
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	36	222.77	256.19
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	37	224.21	257.84
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	38	225.66	259.51
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	39	228.56	262.84
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	40	231.46	266.18
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	41	235.80	271.17
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	42	239.97	275.97

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	43	245.76	282.62
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	44	253.01	290.96
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	45	261.52	300.75
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	46	271.66	312.41
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	47	283.07	325.53
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	48	296.11	340.53
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	49	308.97	355.32
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	50	323.46	371.98
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	51	337.77	388.44
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	52	353.53	406.56
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	53	369.46	424.88
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	54	386.67	444.67
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	55	403.87	464.45
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	56	422.53	485.91
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	57	441.36	507.56
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	58	461.46	530.68
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	59	471.42	542.13
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	60	491.53	565.26
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	61	508.92	585.26
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	62	520.33	598.38
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	63	534.63	614.82
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	64	543.14	624.61
14002TN0330019	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	543.14	624.61

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	118.10	118.10
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	21	185.98	213.88
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	22	185.98	213.88
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	23	185.98	213.88
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	24	185.98	213.88
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	25	186.72	214.73
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	26	190.44	219.01
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	27	194.90	224.14
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	28	202.16	232.48
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	29	208.11	239.33
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	30	211.08	242.74
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	31	215.55	247.88
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	32	220.01	253.01
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	33	222.80	256.22
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	34	225.78	259.65
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	35	227.27	261.36
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	36	228.76	263.07
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	37	230.24	264.78
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	38	231.73	266.49
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	39	234.71	269.92
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	40	237.68	273.33
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	41	242.14	278.46
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	42	246.42	283.38

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	43	252.37	290.23
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	44	259.82	298.79
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	45	268.55	308.83
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	46	278.97	320.82
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	47	290.69	334.29
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	48	304.07	349.68
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	49	317.28	364.87
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	50	332.16	381.98
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	51	346.85	398.88
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	52	363.03	417.48
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	53	379.39	436.30
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	54	397.06	456.62
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	55	414.73	476.94
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	56	433.89	498.97
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	57	453.23	521.21
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	58	473.87	544.95
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	59	484.10	556.72
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	60	504.74	580.45
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	61	522.60	600.99
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	62	534.32	614.47
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	63	549.01	631.36
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	64	557.75	641.41
14002TN0330019	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	557.75	641.41

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	131.40	131.40
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	21	206.94	237.98
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	22	206.94	237.98
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	23	206.94	237.98
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	24	206.94	237.98
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	25	207.76	238.92
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	26	211.90	243.69
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	27	216.87	249.40
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	28	224.94	258.68
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	29	231.56	266.29
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	30	234.87	270.10
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	31	239.84	275.82
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	32	244.80	281.52
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	33	247.91	285.10
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	34	251.22	288.90
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	35	252.87	290.80
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	36	254.53	292.71
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	37	256.18	294.61
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	38	257.84	296.52
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	39	261.16	300.33
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	40	264.46	304.13
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	41	269.43	309.84
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	42	274.19	315.32

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	43	280.81	322.93
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	44	289.09	332.45
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	45	298.81	343.63
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	46	310.40	356.96
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	47	323.44	371.96
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	48	338.34	389.09
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	49	353.04	406.00
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	50	369.59	425.03
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	51	385.94	443.83
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	52	403.94	464.53
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	53	422.14	485.46
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	54	441.81	508.08
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	55	461.47	530.69
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	56	482.78	555.20
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	57	504.30	579.95
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	58	527.27	606.36
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	59	538.65	619.45
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	60	561.62	645.86
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	61	581.49	668.71
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	62	594.53	683.71
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	63	610.88	702.51
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	64	620.60	713.69
14002TN0330009	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	620.60	713.69

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	123.51	123.51
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	21	194.51	223.69
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	22	194.51	223.69
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	23	194.51	223.69
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	24	194.51	223.69
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	25	195.29	224.58
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	26	199.18	229.06
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	27	203.85	234.43
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	28	211.43	243.14
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	29	217.66	250.31
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	30	220.77	253.89
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	31	225.44	259.26
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	32	230.10	264.62
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	33	233.02	267.97
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	34	236.13	271.55
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	35	237.69	273.34
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	36	239.25	275.14
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	37	240.80	276.92
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	38	242.36	278.71
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	39	245.48	282.30
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	40	248.59	285.88
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	41	253.25	291.24
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	42	257.72	296.38

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	43	263.95	303.54
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	44	271.73	312.49
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	45	280.87	323.00
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	46	291.77	335.54
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	47	304.02	349.62
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	48	318.02	365.72
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	49	331.84	381.62
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	50	347.40	399.51
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	51	362.76	417.17
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	52	379.69	436.64
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	53	396.80	456.32
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	54	415.28	477.57
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	55	433.76	498.82
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	56	453.79	521.86
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	57	474.02	545.12
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	58	495.61	569.95
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	59	506.31	582.26
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	60	527.90	607.09
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	61	546.58	628.57
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	62	558.83	642.65
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	63	574.20	660.33
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	64	583.34	670.84
14002TN0330009	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	583.34	670.84

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	127.30	127.30
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	21	200.48	230.55
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	22	200.48	230.55
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	23	200.48	230.55
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	24	200.48	230.55
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	25	201.28	231.47
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	26	205.29	236.08
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	27	210.10	241.62
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	28	217.92	250.61
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	29	224.34	257.99
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	30	227.54	261.67
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	31	232.35	267.20
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	32	237.16	272.73
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	33	240.17	276.20
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	34	243.38	279.89
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	35	244.98	281.73
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	36	246.59	283.58
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	37	248.19	285.42
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	38	249.80	287.27
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	39	253.01	290.96
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	40	256.21	294.64
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	41	261.02	300.17
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	42	265.63	305.47

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	43	272.05	312.86
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	44	280.07	322.08
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	45	289.49	332.91
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	46	300.72	345.83
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	47	313.35	360.35
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	48	327.78	376.95
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	49	342.02	393.32
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	50	358.06	411.77
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	51	373.89	429.97
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	52	391.34	450.04
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	53	408.97	470.32
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	54	428.02	492.22
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	55	447.07	514.13
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	56	467.72	537.88
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	57	488.57	561.86
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	58	510.82	587.44
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	59	521.84	600.12
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	60	544.10	625.72
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	61	563.35	647.85
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	62	575.98	662.38
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	63	591.82	680.59
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	64	601.23	691.41
14002TN0330009	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	601.23	691.41

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	135.30	135.30
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	21	213.07	245.03
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	22	213.07	245.03
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	23	213.07	245.03
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	24	213.07	245.03
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	25	213.92	246.01
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	26	218.18	250.91
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	27	223.29	256.78
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	28	231.61	266.35
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	29	238.43	274.19
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	30	241.83	278.10
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	31	246.94	283.98
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	32	252.06	289.87
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	33	255.26	293.55
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	34	258.66	297.46
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	35	260.37	299.43
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	36	262.08	301.39
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	37	263.77	303.34
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	38	265.48	305.30
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	39	268.90	309.24
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	40	272.30	313.15
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	41	277.42	319.03
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	42	282.31	324.66

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	43	289.13	332.50
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	44	297.66	342.31
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	45	307.67	353.82
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	46	319.60	367.54
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	47	333.03	382.98
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	48	348.37	400.63
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	49	363.50	418.03
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	50	380.55	437.63
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	51	397.38	456.99
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	52	415.91	478.30
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	53	434.66	499.86
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	54	454.90	523.14
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	55	475.15	546.42
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	56	497.09	571.65
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	57	519.25	597.14
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	58	542.90	624.34
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	59	554.62	637.81
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	60	578.27	665.01
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	61	598.73	688.54
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	62	612.15	703.97
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	63	628.98	723.33
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	64	638.99	734.84
14002TN0330009	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	638.99	734.84

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	136.90	136.90
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	21	215.60	247.94
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	22	215.60	247.94
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	23	215.60	247.94
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	24	215.60	247.94
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	25	216.46	248.93
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	26	220.77	253.89
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	27	225.94	259.83
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	28	234.36	269.51
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	29	241.26	277.45
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	30	244.70	281.41
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	31	249.88	287.36
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	32	255.05	293.31
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	33	258.29	297.03
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	34	261.73	300.99
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	35	263.46	302.98
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	36	265.19	304.97
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	37	266.91	306.95
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	38	268.63	308.92
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	39	272.09	312.90
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	40	275.53	316.86
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	41	280.71	322.82
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	42	285.66	328.51

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	43	292.56	336.44
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	44	301.19	346.37
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	45	311.32	358.02
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	46	323.40	371.91
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	47	336.98	387.53
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	48	352.50	405.38
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	49	367.81	422.98
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	50	385.06	442.82
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	51	402.09	462.40
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	52	420.85	483.98
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	53	439.82	505.79
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	54	460.30	529.35
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	55	480.79	552.91
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	56	502.99	578.44
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	57	525.41	604.22
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	58	549.34	631.74
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	59	561.20	645.38
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	60	585.13	672.90
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	61	605.83	696.70
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	62	619.42	712.33
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	63	636.45	731.92
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	64	646.58	743.57
14002TN0330009	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	646.58	743.57

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	131.22	131.22
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	21	206.64	237.64
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	22	206.64	237.64
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	23	206.64	237.64
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	24	206.64	237.64
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	25	207.47	238.59
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	26	211.60	243.34
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	27	216.56	249.04
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	28	224.62	258.31
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	29	231.24	265.93
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	30	234.54	269.72
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	31	239.50	275.43
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	32	244.46	281.13
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	33	247.56	284.69
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	34	250.86	288.49
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	35	252.52	290.40
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	36	254.17	292.30
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	37	255.82	294.19
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	38	257.48	296.10
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	39	260.79	299.91
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	40	264.09	303.70
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	41	269.05	309.41
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	42	273.80	314.87

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	43	280.41	322.47
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	44	288.68	331.98
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	45	298.39	343.15
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	46	309.96	356.45
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	47	322.98	371.43
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	48	337.86	388.54
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	49	352.54	405.42
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	50	369.07	424.43
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	51	385.39	443.20
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	52	403.37	463.88
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	53	421.55	484.78
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	54	441.18	507.36
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	55	460.82	529.94
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	56	482.10	554.42
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	57	503.59	579.13
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	58	526.53	605.51
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	59	537.89	618.57
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	60	560.83	644.95
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	61	580.67	667.77
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	62	593.69	682.74
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	63	610.01	701.51
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	64	619.72	712.68
14002TN0330009	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	619.72	712.68

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	122.66	122.66
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	21	193.16	222.13
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	22	193.16	222.13
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	23	193.16	222.13
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	24	193.16	222.13
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	25	193.94	223.03
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	26	197.80	227.47
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	27	202.43	232.79
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	28	209.97	241.47
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	29	216.15	248.57
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	30	219.24	252.13
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	31	223.87	257.45
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	32	228.51	262.79
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	33	231.41	266.12
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	34	234.50	269.68
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	35	236.04	271.45
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	36	237.59	273.23
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	37	239.13	275.00
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	38	240.68	276.78
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	39	243.78	280.35
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	40	246.86	283.89
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	41	251.50	289.23
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	42	255.94	294.33

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	43	262.12	301.44
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	44	269.85	310.33
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	45	278.93	320.77
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	46	289.74	333.20
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	47	301.91	347.20
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	48	315.82	363.19
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	49	329.54	378.97
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	50	344.99	396.74
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	51	360.25	414.29
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	52	377.06	433.62
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	53	394.05	453.16
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	54	412.40	474.26
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	55	430.75	495.36
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	56	450.65	518.25
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	57	470.74	541.35
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	58	492.18	566.01
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	59	502.80	578.22
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	60	524.24	602.88
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	61	542.79	624.21
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	62	554.96	638.20
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	63	570.22	655.75
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	64	579.29	666.18
14002TN0330009	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	579.29	666.18

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	137.30	137.30
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	21	216.22	248.65
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	22	216.22	248.65
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	23	216.22	248.65
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	24	216.22	248.65
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	25	217.08	249.64
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	26	221.41	254.62
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	27	226.59	260.58
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	28	235.03	270.28
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	29	241.95	278.24
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	30	245.41	282.22
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	31	250.59	288.18
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	32	255.78	294.15
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	33	259.03	297.88
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	34	262.48	301.85
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	35	264.22	303.85
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	36	265.95	305.84
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	37	267.67	307.82
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	38	269.41	309.82
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	39	272.87	313.80
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	40	276.33	317.78
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	41	281.51	323.74
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	42	286.48	329.45

Rates Table Templa	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	43	293.41	337.42
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	44	302.06	347.37
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	45	312.22	359.05
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	46	324.33	372.98
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	47	337.95	388.64
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	48	353.51	406.54
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	49	368.87	424.20
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	50	386.17	444.10
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	51	403.25	463.74
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	52	422.06	485.37
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	53	441.08	507.24
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	54	461.62	530.86
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	55	482.17	554.50
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	56	504.43	580.09
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	57	526.92	605.96
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	58	550.92	633.56
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	59	562.81	647.23
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	60	586.81	674.83
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	61	607.57	698.71
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	62	621.20	714.38
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	63	638.28	734.02
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	64	648.43	745.69
14002TN0330009	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	648.43	745.69

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	93.45	93.45
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	21	147.16	169.23
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	22	147.16	169.23
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	23	147.16	169.23
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	24	147.16	169.23
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	25	147.75	169.91
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	26	150.70	173.31
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	27	154.23	177.36
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	28	159.97	183.97
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	29	164.68	189.38
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	30	167.03	192.08
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	31	170.57	196.16
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	32	174.09	200.20
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	33	176.30	202.75
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	34	178.65	205.45
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	35	179.84	206.82
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	36	181.01	208.16
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	37	182.19	209.52
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	38	183.36	210.86
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	39	185.73	213.59
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	40	188.08	216.29
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	41	191.61	220.35
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	42	194.99	224.24

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	43	199.70	229.66
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	44	205.59	236.43
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	45	212.51	244.39
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	46	220.75	253.86
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	47	230.02	264.52
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	48	240.62	276.71
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	49	251.06	288.72
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	50	262.84	302.27
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	51	274.46	315.63
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	52	287.27	330.36
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	53	300.22	345.25
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	54	314.20	361.33
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	55	328.17	377.40
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	56	343.33	394.83
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	57	358.64	412.44
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	58	374.98	431.23
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	59	383.06	440.52
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	60	399.40	459.31
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	61	413.53	475.56
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	62	422.80	486.22
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	63	434.43	499.59
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	64	441.35	507.55
14002TN0330020	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	441.35	507.55

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	93.72	93.72
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	21	147.58	169.72
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	22	147.58	169.72
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	23	147.58	169.72
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	24	147.58	169.72
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	25	148.17	170.40
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	26	151.13	173.80
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	27	154.66	177.86
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	28	160.42	184.48
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	29	165.14	189.91
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	30	167.50	192.63
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	31	171.05	196.71
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	32	174.59	200.78
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	33	176.80	203.32
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	34	179.16	206.03
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	35	180.34	207.39
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	36	181.52	208.75
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	37	182.71	210.12
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	38	183.88	211.46
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	39	186.25	214.19
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	40	188.61	216.90
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	41	192.15	220.97
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	42	195.55	224.88

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	43	200.27	230.31
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	44	206.17	237.10
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	45	213.11	245.08
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	46	221.38	254.59
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	47	230.67	265.27
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	48	241.30	277.50
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	49	251.77	289.54
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	50	263.58	303.12
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	51	275.24	316.53
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	52	288.08	331.29
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	53	301.07	346.23
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	54	315.08	362.34
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	55	329.10	378.47
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	56	344.30	395.95
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	57	359.65	413.60
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	58	376.04	432.45
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	59	384.15	441.77
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	60	400.53	460.61
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	61	414.70	476.91
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	62	423.99	487.59
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	63	435.66	501.01
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	64	442.59	508.98
14002TN0330020	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	442.59	508.98

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	94.07	94.07
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	21	148.13	170.35
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	22	148.13	170.35
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	23	148.13	170.35
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	24	148.13	170.35
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	25	148.73	171.04
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	26	151.69	174.44
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	27	155.24	178.53
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	28	161.02	185.17
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	29	165.76	190.62
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	30	168.13	193.35
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	31	171.69	197.44
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	32	175.24	201.53
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	33	177.46	204.08
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	34	179.83	206.80
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	35	181.02	208.17
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	36	182.20	209.53
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	37	183.39	210.90
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	38	184.57	212.26
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	39	186.95	214.99
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	40	189.32	217.72
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	41	192.87	221.80
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	42	196.28	225.72

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	43	201.02	231.17
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	44	206.95	237.99
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	45	213.91	246.00
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	46	222.21	255.54
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	47	231.54	266.27
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	48	242.20	278.53
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	49	252.71	290.62
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	50	264.57	304.26
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	51	276.27	317.71
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	52	289.16	332.53
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	53	302.20	347.53
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	54	316.27	363.71
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	55	330.34	379.89
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	56	345.60	397.44
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	57	361.00	415.15
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	58	377.45	434.07
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	59	385.59	443.43
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	60	402.04	462.35
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	61	416.26	478.70
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	62	425.59	489.43
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	63	437.29	502.88
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	64	444.26	510.90
14002TN0330020	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	444.26	510.90

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	96.60	96.60
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	21	152.12	174.94
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	22	152.12	174.94
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	23	152.12	174.94
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	24	152.12	174.94
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	25	152.73	175.64
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	26	155.77	179.14
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	27	159.42	183.33
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	28	165.35	190.15
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	29	170.22	195.75
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	30	172.65	198.55
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	31	176.31	202.76
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	32	179.95	206.94
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	33	182.23	209.56
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	34	184.67	212.37
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	35	185.89	213.77
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	36	187.10	215.17
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	37	188.32	216.57
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	38	189.53	217.96
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	39	191.98	220.78
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	40	194.41	223.57
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	41	198.06	227.77
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	42	201.56	231.79

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	43	206.42	237.38
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	44	212.51	244.39
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	45	219.66	252.61
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	46	228.18	262.41
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	47	237.76	273.42
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	48	248.72	286.03
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	49	259.51	298.44
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	50	271.69	312.44
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	51	283.70	326.26
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	52	296.94	341.48
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	53	310.32	356.87
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	54	324.77	373.49
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	55	339.22	390.10
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	56	354.89	408.12
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	57	370.71	426.32
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	58	387.60	445.74
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	59	395.96	455.35
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	60	412.85	474.78
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	61	427.45	491.57
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	62	437.03	502.58
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	63	449.05	516.41
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	64	456.20	524.63
14002TN0330020	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	456.20	524.63

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	107.48	107.48
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	21	169.26	194.65
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	22	169.26	194.65
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	23	169.26	194.65
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	24	169.26	194.65
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	25	169.94	195.43
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	26	173.33	199.33
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	27	177.38	203.99
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	28	183.99	211.59
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	29	189.40	217.81
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	30	192.11	220.93
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	31	196.18	225.61
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	32	200.23	230.26
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	33	202.77	233.19
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	34	205.48	236.30
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	35	206.84	237.87
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	36	208.18	239.41
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	37	209.54	240.97
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	38	210.89	242.52
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	39	213.61	245.65
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	40	216.32	248.77
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	41	220.37	253.43
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	42	224.27	257.91

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	43	229.69	264.14
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	44	236.46	271.93
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	45	244.41	281.07
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	46	253.89	291.97
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	47	264.55	304.23
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	48	276.74	318.25
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	49	288.75	332.06
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	50	302.30	347.65
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	51	315.67	363.02
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	52	330.40	379.96
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	53	345.29	397.08
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	54	361.37	415.58
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	55	377.44	434.06
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	56	394.88	454.11
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	57	412.48	474.35
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	58	431.28	495.97
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	59	440.58	506.67
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	60	459.37	528.28
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	61	475.62	546.96
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	62	486.28	559.22
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	63	499.65	574.60
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	64	507.61	583.75
14002TN0330010	Rating Area 1	Tobacco User/Non-Tobacco User	65 and over	507.61	583.75

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	0-20	101.03	101.03
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	21	159.10	182.97
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	22	159.10	182.97
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	23	159.10	182.97
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	24	159.10	182.97
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	25	159.74	183.70
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	26	162.92	187.36
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	27	166.73	191.74
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	28	172.94	198.88
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	29	178.03	204.73
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	30	180.57	207.66
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	31	184.40	212.06
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	32	188.21	216.44
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	33	190.59	219.18
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	34	193.14	222.11
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	35	194.42	223.58
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	36	195.68	225.03
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	37	196.96	226.50
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	38	198.23	227.96
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	39	200.78	230.90
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	40	203.33	233.83
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	41	207.14	238.21
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	42	210.80	242.42

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	43	215.89	248.27
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	44	222.26	255.60
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	45	229.74	264.20
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	46	238.65	274.45
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	47	248.67	285.97
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	48	260.13	299.15
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	49	271.42	312.13
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	50	284.15	326.77
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	51	296.72	341.23
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	52	310.56	357.14
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	53	324.56	373.24
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	54	339.67	390.62
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	55	354.78	408.00
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	56	371.17	426.85
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	57	387.72	445.88
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	58	405.38	466.19
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	59	414.12	476.24
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	60	431.79	496.56
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	61	447.06	514.12
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	62	457.08	525.64
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	63	469.65	540.10
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	64	477.13	548.70
14002TN0330010	Rating Area 2	Tobacco User/Non-Tobacco User	65 and over	477.13	548.70

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	104.13	104.13
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	21	163.98	188.58
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	22	163.98	188.58
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	23	163.98	188.58
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	24	163.98	188.58
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	25	164.64	189.34
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	26	167.92	193.11
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	27	171.85	197.63
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	28	178.25	204.99
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	29	183.49	211.01
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	30	186.11	214.03
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	31	190.05	218.56
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	32	193.98	223.08
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	33	196.44	225.91
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	34	199.07	228.93
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	35	200.38	230.44
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	36	201.69	231.94
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	37	203.01	233.46
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	38	204.31	234.96
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	39	206.94	237.98
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	40	209.57	241.01
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	41	213.50	245.53
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	42	217.27	249.86

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	43	222.52	255.90
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	44	229.08	263.44
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	45	236.79	272.31
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	46	245.97	282.87
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	47	256.30	294.75
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	48	268.11	308.33
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	49	279.74	321.70
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	50	292.87	336.80
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	51	305.82	351.69
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	52	320.09	368.10
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	53	334.52	384.70
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	54	350.09	402.60
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	55	365.67	420.52
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	56	382.56	439.94
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	57	399.61	459.55
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	58	417.82	480.49
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	59	426.83	490.85
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	60	445.04	511.80
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	61	460.78	529.90
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	62	471.10	541.77
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	63	484.07	556.68
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	64	491.77	565.54
14002TN0330010	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	491.77	565.54

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	0-20	110.67	110.67
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	21	174.28	200.42
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	22	174.28	200.42
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	23	174.28	200.42
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	24	174.28	200.42
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	25	174.98	201.23
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	26	178.46	205.23
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	27	182.64	210.04
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	28	189.44	217.86
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	29	195.02	224.27
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	30	197.80	227.47
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	31	201.99	232.29
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	32	206.17	237.10
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	33	208.78	240.10
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	34	211.57	243.31
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	35	212.97	244.92
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	36	214.36	246.51
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	37	215.75	248.11
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	38	217.14	249.71
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	39	219.94	252.93
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	40	222.73	256.14
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	41	226.91	260.95
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	42	230.92	265.56

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	43	236.49	271.96
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	44	243.47	279.99
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	45	251.66	289.41
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	46	261.42	300.63
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	47	272.40	313.26
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	48	284.95	327.69
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	49	297.31	341.91
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	50	311.26	357.95
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	51	325.03	373.78
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	52	340.19	391.22
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	53	355.53	408.86
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	54	372.08	427.89
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	55	388.63	446.92
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	56	406.58	467.57
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	57	424.71	488.42
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	58	444.06	510.67
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	59	453.64	521.69
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	60	472.99	543.94
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	61	489.71	563.17
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	62	500.69	575.79
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	63	514.46	591.63
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	64	522.65	601.05
14002TN0330010	Rating Area 4	Tobacco User/Non-Tobacco User	65 and over	522.65	601.05

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	0-20	111.98	111.98
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	21	176.34	202.79
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	22	176.34	202.79
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	23	176.34	202.79
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	24	176.34	202.79
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	25	177.05	203.61
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	26	180.58	207.67
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	27	184.81	212.53
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	28	191.69	220.44
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	29	197.33	226.93
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	30	200.15	230.17
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	31	204.39	235.05
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	32	208.61	239.90
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	33	211.26	242.95
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	34	214.08	246.19
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	35	215.49	247.81
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	36	216.90	249.44
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	37	218.31	251.06
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	38	219.72	252.68
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	39	222.55	255.93
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	40	225.37	259.18
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	41	229.60	264.04
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	42	233.66	268.71

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	43	239.30	275.20
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	44	246.36	283.31
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	45	254.64	292.84
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	46	264.52	304.20
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	47	275.63	316.97
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	48	288.33	331.58
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	49	300.84	345.97
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	50	314.96	362.20
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	51	328.88	378.21
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	52	344.23	395.86
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	53	359.75	413.71
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	54	376.50	432.98
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	55	393.24	452.23
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	56	411.41	473.12
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	57	429.75	494.21
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	58	449.33	516.73
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	59	459.02	527.87
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	60	478.60	550.39
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	61	495.53	569.86
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	62	506.63	582.62
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	63	520.57	598.66
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	64	528.86	608.19
14002TN0330010	Rating Area 5	Tobacco User/Non-Tobacco User	65 and over	528.86	608.19

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	0-20	107.33	107.33
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	21	169.02	194.37
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	22	169.02	194.37
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	23	169.02	194.37
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	24	169.02	194.37
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	25	169.70	195.16
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	26	173.08	199.04
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	27	177.13	203.70
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	28	183.73	211.29
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	29	189.13	217.50
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	30	191.84	220.62
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	31	195.90	225.29
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	32	199.95	229.94
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	33	202.48	232.85
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	34	205.19	235.97
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	35	206.54	237.52
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	36	207.89	239.07
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	37	209.25	240.64
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	38	210.59	242.18
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	39	213.31	245.31
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	40	216.01	248.41
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	41	220.06	253.07
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	42	223.95	257.54

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	43	229.36	263.76
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	44	236.13	271.55
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	45	244.07	280.68
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	46	253.54	291.57
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	47	264.18	303.81
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	48	276.35	317.80
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	49	288.34	331.59
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	50	301.87	347.15
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	51	315.22	362.50
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	52	329.93	379.42
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	53	344.80	396.52
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	54	360.86	414.99
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	55	376.91	433.45
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	56	394.32	453.47
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	57	411.90	473.69
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	58	430.67	495.27
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	59	439.95	505.94
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	60	458.72	527.53
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	61	474.94	546.18
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	62	485.59	558.43
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	63	498.95	573.79
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	64	506.89	582.92
14002TN0330010	Rating Area 6	Tobacco User/Non-Tobacco User	65 and over	506.89	582.92

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	0-20	100.33	100.33
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	21	157.99	181.69
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	22	157.99	181.69
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	23	157.99	181.69
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	24	157.99	181.69
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	25	158.63	182.42
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	26	161.79	186.06
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	27	165.58	190.42
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	28	171.74	197.50
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	29	176.80	203.32
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	30	179.32	206.22
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	31	183.12	210.59
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	32	186.90	214.94
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	33	189.27	217.66
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	34	191.80	220.57
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	35	193.07	222.03
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	36	194.33	223.48
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	37	195.60	224.94
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	38	196.86	226.39
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	39	199.39	229.30
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	40	201.92	232.21
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	41	205.71	236.57
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	42	209.34	240.74

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	43	214.40	246.56
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	44	220.72	253.83
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	45	228.14	262.36
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	46	237.00	272.55
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	47	246.95	283.99
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	48	258.32	297.07
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	49	269.53	309.96
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	50	282.18	324.51
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	51	294.66	338.86
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	52	308.41	354.67
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	53	322.31	370.66
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	54	337.32	387.92
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	55	352.32	405.17
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	56	368.60	423.89
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	57	385.03	442.78
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	58	402.57	462.96
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	59	411.25	472.94
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	60	428.80	493.12
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	61	443.96	510.55
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	62	453.91	522.00
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	63	466.40	536.36
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	64	473.82	544.89
14002TN0330010	Rating Area 7	Tobacco User/Non-Tobacco User	65 and over	473.82	544.89

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	0-20	112.31	112.31
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	21	176.85	203.38
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	22	176.85	203.38
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	23	176.85	203.38
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	24	176.85	203.38
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	25	177.56	204.19
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	26	181.10	208.27
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	27	185.34	213.14
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	28	192.24	221.08
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	29	197.90	227.59
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	30	200.73	230.84
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	31	204.97	235.72
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	32	209.21	240.59
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	33	211.86	243.64
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	34	214.69	246.89
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	35	216.11	248.53
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	36	217.52	250.15
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	37	218.94	251.78
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	38	220.35	253.40
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	39	223.19	256.67
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	40	226.02	259.92
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	41	230.26	264.80
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	42	234.33	269.48

Rates Table Templa	To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.				
	If you are a community rating state, select Family Option under Age and fill in all columns.				
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	14002				
Federal TIN*	62-0427913				
Rate Effective Date*	1/1/2014				
Rate Expiration Date*	12/31/2014				

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Individual Tobacco Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	43	239.99	275.99
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	44	247.07	284.13
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	45	255.38	293.69
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	46	265.28	305.07
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	47	276.42	317.88
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	48	289.16	332.53
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	49	301.70	346.96
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	50	315.86	363.24
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	51	329.83	379.30
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	52	345.22	397.00
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	53	360.78	414.90
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	54	377.58	434.22
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	55	394.37	453.53
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	56	412.59	474.48
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	57	430.98	495.63
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	58	450.62	518.21
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	59	460.34	529.39
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	60	479.98	551.98
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	61	496.95	571.49
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	62	508.09	584.30
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	63	522.07	600.38
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	64	530.38	609.94
14002TN0330010	Rating Area 8	Tobacco User/Non-Tobacco User	65 and over	530.38	609.94

of Tennessee
plans for better health. plans for a better life.™

1 Cameron Hill Circle
Chattanooga, TN 37402

bcbst.com

April 29, 2013

Ms. Victoria L. Stotzer, Compliance Analyst
Tennessee Department of Commerce and Insurance
Actuarial Section, 4th Floor
500 James Robertson Parkway
Nashville, Tennessee 37243-1130

RE: BlueCross Bronze
BlueCross Silver
BlueCross Gold
BlueCross Platinum
BlueCross MSP PPO Plan

Dear Ms. Stotzer:

Enclosed is the filing for the following products, which has been developed for filing with your department:

BlueCross Bronze
BlueCross Silver
BlueCross Gold
BlueCross Platinum
BlueCross MSP PPO Plan

This filing is for rates associated with policy forms that are new to the market. As outlined in the attached Actuarial Certification, this filing is based on the most recent experience and is not inadequate, excessive, unfairly discriminatory or unreasonable in relation to the benefits provided.

Your early consideration of the rate filing is appreciated. If you need anything further please e-mail Alisa_Swann@BCBST.com, or call me at (423) 535-5971.

Sincerely,

Alisa L. Swann

Alisa Swann,
F.S.A., M.A.A.A.
Manager, Actuarial

ACTUARIAL MEMORANDUM

BlueCross BlueShield of Tennessee, Inc.
New Rate Filing: Rates Effective 1/1/2014

Products:

BlueCross Bronze
BlueCross Silver
BlueCross Gold
BlueCross Platinum
BlueCross MSP PPO Plan

Policy Forms:

BlueCross Bronze B01–B06
BlueCross Silver S01-S16, S18
BlueCross Gold G01-G08, G10-G11
BlueCross Platinum P01-P04
BlueCross MSP PPO B04, S09, S11, S12, G08, G11

1. General Information

The purpose of this actuarial memorandum is to demonstrate compliance of the rates submitted herein with Tennessee regulation § 0780-1-20, and Federal regulation 45 CFR 156.80 which govern the filing and approval of individual policy forms. The rates are for an effective date of 1/1/2014, and will be sold in all 8 regions in Tennessee. The actuarial data and experience used to develop these rates shall be maintained by the company (BlueCross BlueShield of Tennessee) and is available for review by the Commissioner of Insurance upon request. This rate filing is not intended to be used for other purposes.

This filing provides for 37 plan designs to be offered on 3 networks on the Individual Marketplace, off the Individual Marketplace, and in the Multistate Plan. This memorandum is intended to provide information related to:

- The Qualified Health Plan Application submitted for participation in the Federally Facilitated Exchange (Marketplace) for the state of Tennessee

- The Qualified Health Plan Application for participation in the Office of Personnel Management Multi-State Plan Program under section 1334 of the Affordable Care Act (MSP)
- Policy forms that will be marketed to individuals in the state of Tennessee ages 0 – 65+ outside of the Federally Facilitated Exchange (Non-Marketplace)

Table 1A describes the plans designs, and Table 1B describes which policy forms and networks will be offered in the Individual Marketplace, outside of the Individual Marketplace, and in the Multi-State Plan.

Company Identification:

- Company Legal Name: BlueCross BlueShield of Tennessee, Inc.
- State: Tennessee
- HIOS Issuer ID: 14002
- Market: Individual Under 65 Marketplace
  Multi-State Plan
  Individual Under 65 Non-Marketplace
- Effective Date: 1/1/2014

Company Contact Information:

- Primary Contact Name: Alisa Swann
- Primary Contact Telephone: (423) 535-5971
- Primary Contact Email: Alisa_Swann@BCBST.com

2. Proposed Rate Increase

This filing is for new rates and not a rate increase. The policy forms provided for in this filing are new to the market, and have no rate history associated with them.

3. Effective Rate Review Information

The rates for the policy forms provided for in this filing were developed as follows:

Projected average base claim costs for the policy forms are based on 2012 paid claims experience for the BCBST Individual Under 65 Underwritten population, the BCBST Individual Under 65 Guaranteed Issue population, the BCBST small group population (group size 2 to 25), and the Tennessee High Risk Pool population, AccessTN. The paid claims are normalized for demographics, network, and plan design, and therefore represent the expected average claim amounts before applying rating factors. The data used for projecting claims costs contains both grandfathered and non-grandfathered experience, as the combined data is more representative of the anticipated population in 2014. The average base claims developed in the method described above are the starting point for the development of the base rates. While the experience data used to develop the rates is paid claims data that contains both grandfathered and non-grandfathered data, the data used for the Unified Rate Review (URR) template is allowed claims data, and contains only the non-grandfathered experience, as required in the Qualified Health Plan (QHP) application process.

The average base claims used as a starting point were trended to an effective date of 1/1/2014. This amounted to 24 months of trend from the midpoint of 2012 to the midpoint of 2014. The trends used were an annualized medical trend of 8.7%, and an annualized pharmacy trend of 7.5%. Trends were developed based on a comprehensive review of a variety of factors including, but not limited to, historical 12 month rolling average trends for both our individual under 65 business and our small group business, future contract changes, anticipated utilization changes, deductible leveraging, and industry data. Table 2 shows the data that was analyzed to develop the trend. The development of the starting claim cost is shown in Table 3.

Next, an adjustment was made to the trended base paid claims for differences in plan design. The projected differences in claim cost are based on an internally developed pricing tool designed to estimate cost differences for group benefit plans, recognizing

the effects of both member cost share and utilization for a static population with constant health status. As a result, the tool does not assume any changes in health status. This produced projected claim costs for each policy form.

Costs associated with administrative expenses, commissions, tax and fees, along with an allowance for contribution to surplus were added to the projected claim costs in order to produce a projected base rate for each policy form. These base rates are prior to adjustments for age, region, network, and tobacco status. The development of the base rates for each of the 37 policy forms is shown in Table 4. Table 5 contains the rating factors to be applied to the base rates.

4. Experience Period Premium and Claims

a. Paid Through Date

The data used for the single risk pool during the experience period was for allowed and paid claims incurred between 1/1/2012 and 12/31/2012, and paid through 1/31/2013.

b. Premium (net of MLR Rebate) in Experience Period

Premium used for the single risk pool during the experience period was premium earned between 1/1/2012 and 12/31/2012. We do not anticipate paying a rebate for 2012 experience.

Premiums Billed for Coverage 1/1/2012 through 12/31/2012	$95,222,479
Estimated MLR Rebate	$0
Premiums Net of Rebate	**$95,222,479**

Estimated MLR Rebate is based on the estimate of the MLR Rebate done in conjunction with the year-end financial statement for the BCBST Individual Under 65 Line of Business. This estimate is prepared using the same methodology as is used for the federal MLR rebate calculation.

c. **Allowed and Incurred (Paid) Claims Incurred During the Experience Period**

- Estimate of the amount of claims incurred during the 12 month experience period:

Allowed Amounts of Claims for Coverage 1/1/2012 through 12/31/2012			
	Underwritten	**Guaranteed Issue**	**Total**
Allowed Amounts for Claims Processed by BCBST	71,360,503	21,307,762	92,668,265
Allowed Amounts for Claims Processed Outside the BCBST Claim System (Net of Rx Rebates)	9,998,550	4,596,732	14,595,282
Allowed Amounts for Claims Incurred but Not Reported as of 1/31/2013	988,253	495,314	1,483,567
Total Estimated Allowed Amounts	**82,347,307**	**26,399,807**	**108,747,114**

Incurred (Paid) Amounts of Claims for Coverage 1/1/2012 through 12/31/2012			
	Underwritten	**Guaranteed Issue**	**Total**
Claims Processed by BCBST	44,513,133	15,227,532	59,740,665
Claims Processed Outside the BCBST Claim System (Net of Rx Rebates)	5,533,092	2,621,031	8,154,122
Claims Incurred but Not Reported as of 1/31/2013	774,561	426,548	1,201,109
Total Estimated Paid Amounts	**50,820,785**	**18,275,111**	**69,095,896**

- Allowed Amounts are the total allowable reimbursements for covered expenses as captured directly from claim payment records.
- Estimate of incurred but not reported
  - The estimate of the claims incurred but not reported is based on completion factors. Standard actuarial valuation methodology based on analysis of historical relationships of the timing of claim incurral dates and payment dates was used to develop the completion factors. The same completion factors are used for both paid and allowed claims.
  - The claims used to develop completion factors:

- The non-grandfathered underwritten products were combined with a similar recently closed grandfathered underwritten product in order to increase the credibility of the estimate. The recently closed underwritten block is believed to be substantially consistent with the underwritten non-grandfathered block whose experience is reported in this filing
- The non-grandfathered guaranteed issue block is combined with the grandfathered guaranteed issue block in order to increase the credibility of the estimate. The grandfathered guaranteed issue block is believed to be substantially consistent with the non-grandfathered guaranteed issue block whose experience is reported in this filing

- The incurred but not reported claims for the experience period are consistent with historical incurred but not paid amount, and were neither unusually high nor unusually low.

5. Benefit Categories

Claims benefits in Worksheet 1, Section II are divided into 5 categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, and Prescription Drug.

Claims are assigned to the benefit categories using the following methodology:

- Inpatient: Non-Capitated costs billed by a facility for covered services related to a stay in the facility of at least twenty-four hours. Inpatient utilization is measured by admits.
- Outpatient: Non-Capitated costs billed by a facility for covered services associated with a stay of less than twenty-four hours. Outpatient utilization is measured by visits.
- Professional: Non-Capitated costs billed by a healthcare practitioner rather than a facility, for covered services not included in the "Other Medical" category. Professional utilization is measured by visits.

- Other Medical: Non-Capitated costs for covered services associated with Ambulance, Home Health Care, Hospice, Durable Medical Equipment, Prosthetics, Dental, Vision Exams, and Medical Supplies. Given the variety of services and equipment included in Other Medical, a standard measure of utilization is not meaningful; hence the URRT denotes the utilization measure as "Other". Claim count from our claim dataset was used for measuring the utilization, and the unit cost was determined based on the total allowed claims and the assumed utilization rate.
- Prescription Drug: Costs for covered drugs dispensed by a pharmacy net of drug rebates. Prescription drug utilization is measured by prescriptions.

6. Projection Factors

a. Changes in Morbidity

The claims in the experience period were adjusted for the estimated impact of exclusion riders and pre-existing condition exclusions in the 2012 data. They were further adjusted to reflect the anticipated morbidity of new entrants. Both grandfathered and non-grandfathered experience was included in creating our estimates of the morbidity adjustment, in order to increase the credibility of the experience data and because the combined data is more representative of the anticipated population in 2014.

b. Changes in Benefits

The medical claims (Inpatient, Outpatient, Professional, and Other Medical) were also adjusted to reflect the addition of maternity coverage and pediatric dental and vision benefits. The Pharmacy claims were adjusted for formulary changes in 2014. The claims in the experience period also were normalized to reflect the expected average benefit design for the policy forms provided for in this filing.

c. Changes in Demographics

The claims in the experience period were normalized to reflect the expected demographic distribution for the individual under 65 populations in the calendar year 2014. The primary assumptions made in the normalization are that the

distribution of members by age and gender in 2014 will be consistent with the distribution of adults by age and gender in our current small group population and that most of the new entrants will be adults (thus the percentage of children in the assumed demographic distribution is reduced from current levels).

d. Other Adjustments

The claims in the experience period were normalized to reflect the Medical and Pharmacy Networks to be offered in the Individual Under 65 Market in 2014.

e. Trend

As mentioned in the effective rate review section of this memorandum, the trends used were an annualized medical trend of 8.7%, and an annualized pharmacy trend of 7.5% to project the experience period observed claim costs to the rating period. Table 2 shows the data that was analyzed to develop the trend.

- Data / Assumption Source:

The trend studies on the grandfathered BCBST Underwritten Individual Under 65 population, the BCBST Guaranteed Issue Under 65 population, and the BCBST Small Group population were combined with data from recent trend surveys to determine an appropriate trend to use for projecting future costs using actuarial judgment. Trends from these different sources were analyzed because we anticipate the population that will purchase individual products in 2014 and beyond will be significantly different than the population that has historically purchased individual products. We did not use the non-grandfathered underwritten population in our trend analysis since the non-grandfathered population does not have sufficient history to create reliable trends

- Data Adjustments:

The claims data used for the trend analysis was adjusted as follows:

  - The claims were normalized to neutralize the effects of population demographic changes and the effects of utilization changes attributable to variations in the benefit coverage.

- Projections of historical utilization patterns were adjusted for expected effects of internal and external factors that affect utilization, such as medical management initiatives, service mix, and changes to the global economic environment. Projections of historical unit cost change patterns were adjusted for network contract and provider mix changes.
- Trend Factors also include recognition of leveraging to reflect the effect of fixed cost sharing components being applied to increasing allowed costs.

7. Credibility Manual Rate Development.

The manual rate was developed using our small group projection for 2014. The small group data was selected as a basis for creating the manual rate since the guaranteed issue nature of small group policies is more similar to guaranteed availability rules that govern the issuance of policies provided for in this filing.

8. Credibility of Experience

In our projections of the population comprising the individual market in 2014, we project that 10% of the population will be coming from the current small group market. For that reason, we applied a 10% weight to the expected claim costs for small group in 2014 as our manual rate, and gave the individual claims data a credibility weight of 90%. Applicable actuarial standards of practice, including ASOP #25, were taken into consideration in developing this approach.

9. Paid to Allowed Ratio

We compared the paid to allowed ratio for claims in the 2012 experience data to an estimate of the paid to allowed ratio for the policy forms using an in-house tool. The changes in the paid to allowed ratio under the new plan designs were not materially different, so we set the projected paid to allowed ratio in 2014 to be consistent with the paid to allowed ratio observed in 2012.

10. Risk Adjustment and Reinsurance

Due to the belief that the risk level of the BCBST Individual segment, including the morbidity changes described above, will be consistent with the average market risk, no Risk Adjustment payments or revenue are expected to occur. Therefore no related adjustments were applied on the URR template.

For reinsurance recoveries, 2011 small group experience was trended forward 3 years, and used to estimate the impact of reinsurance recoveries assuming it would be representative of our anticipated 2014 experience in the individual population. 2011 data was used to allow for greater claims run out, which can be particularly important for any large claim analysis. This produced an estimate of reinsurance recoveries equal to 10% of claims expense, which we allocated across all policy forms based on premium. A comparison to a similar study based on 2012 data did not show significant difference in the estimate.

For contributions and fees, we assumed a reinsurance fee of $63 per member per year, a reinsurance administrative fee $0.11 per member per year, and a risk adjustment administrative fee of $0.96 per member per year. This produced an estimate of 2% impact to overall premium which we allocated across all policy forms based on premium.

11. Non-Benefit Expenses and Profit & Risk

The rates for each policy form reflect the expected paid claims, net of reinsurance recoveries plus a retention load to provide for the following items:

a. Administrative Expense Load

- Projected 2014 Corporate Administrative Expenses and Corporate Overhead dollars were allocated to the individual insured business according to the proportion of expenses and overhead attributable to the administration of this coverage. These allocated expenses were converted to a percent of the applicable plans' projected premium.

That constant percent of premium is then applied to the premium of each plan.

- Projected Broker Commissions were attributed to each metallic level as a dollar value. Those dollar values were then converted to a percentage of premium according to the expected premium for each metallic level. That percentage, which varies by metallic level, is applied to the premium for each plan as part of the administrative expense load.

b. Contribution to Surplus

A 3% load is applied to the premium of all plans as a Contribution to Surplus.

c. Taxes and Fees

The following taxes and fees are included on the template:

Health Insurance Provider Tax	1.91%
Risk Adjustment User Fee	$0.96 PMPY
Exchange User Fee	2.45%
Comparative Effectiveness Fee	$0.17 PMPM
State Premium Tax	1.75%

The Exchange User fee is based on recognition of the fee being associated only with projected Marketplace members, but being applied to the index rate for both Marketplace and Non-Marketplace members.

12. Projected Loss Ratio

The anticipated loss ratio for the policy forms provided for in this filing is 80.9% before reinsurance recoveries and 72.9% after reinsurance recoveries. This corresponds to an anticipated MLR using the federally prescribed methodology of 80.3%, which is compliant with the 80% Federal MLR requirement found in PHSA 2718.

13. Index Rate

The Index Rate for the Experience Period is the estimated total allowed claim experience PMPM for Essential Health Benefits in 2012 for all non-grandfathered plans for the Tennessee Individual Under 65 market for BlueCross BlueShield of Tennessee.

It has not been adjusted for payments and charges under the risk adjustment and reinsurance programs or for Exchange user fees.

- The allowed PMPM is equal to the index rate for the experience period. All claim costs in the Experience Period are attributable to Essential Health Benefits.
- The projected index rate reflects the anticipated claim level for the projection period with respect to trend and benefit differences for all policies expected to be in the single risk pool during the projection period.
- The projected index rate is adjusted to reflect costs associated with coverage of the Essential Health Benefits including maternity, pediatric dental, pediatric vision, and certain drug classes since the cost of these benefits were not reflected in the experience index rate. Other adjustments are made to reflect guaranteed issue requirements and to recognize a change in the prescription drug coverage formulary.
- To reflect costs associated with a specific plan the index rate was adjusted to recognize the effects of actuarial value and the cost-sharing design of the specific plan. This adjustment recognizes the impact of benefit design on allowed costs by using continuance tables to reflect the value of deductibles and cost sharing maximums as well as by recognizing utilization variation solely driven by relative cost sharing differences. For specific plans, the index rate is also adjusted to recognize cost differences produced by provider network arrangements and geographic regional variation, as well as for administrative costs excluding Exchange User Fees.

14. AV Metal Values

The Actuarial Value Metal Values included in the Unified Rate Review Template were entirely based on the AV calculator released by HHS February 20, 2013.

15. AV Pricing Values

a. Reference Plan

The reference plan used was the richest platinum plan on the richest network with the following plan characteristics:

HIOS Plan ID	14002TN0390005
Policy Form	P04P
AV/Metal Level	89.4%
Deductible	$1,500
Out-of-Pocket Max	$1,500
Benefit Percentage	100%
Office Visit Copay (PCP/ Specialist)	$10/$10
Rx Copay (Generic/ Preferred Brand/ Brand)	$3/$25/$50
Specialty Rx	$100

b. Modifiers Impacting Pricing AV

For each of the allowable modifiers to the index rate described in 45 CFR Part 156, Section 156.80(d)(2), the AV Pricing Values for the policy forms to be sold in the Federally facilitated Exchange and the Multi-State Plan associated with this filing vary from the reference plan as shown in table 6.

c. Differences in Utilization

These plans' adjustments for cost sharing include expected differences in utilization due to the differences in cost sharing. These variations in utilization are applied in recognition of observed utilization patterns where a decrease in utilization is experienced as copay and deductible levels increase, but no change in health status occurs. Based on these patterns, utilization reductions are applied to the components of the AV Pricing Values to which the increased deductible or increased copay applies. Differences in health status are not included in these adjustments.

16. Membership Projections

Taking into account the improvements in affordability of care (Advance Premium Tax Credit), the availability of guarantee issue and the individual mandate, we estimated the

number of individuals anticipated to participate in the individual non-grandfathered market. This estimate is comprised of individuals who are currently uninsured, individuals who are currently unable to access affordable care due to health conditions, individuals who currently have personal coverage (both non-grandfathered and grandfathered), as well as individuals who currently have employer coverage, but that we anticipate will move to the individual non-grandfathered market. Once we completed the estimate for the market, we determined our target market share and finalized the membership projection

17. Terminated Products

No BCBST Individual products will be terminated prior to the effective date of this filing. The current non-grandfathered individual underwritten products will be closed to new entrants as of 1/1/2014, and will not be renewed after their policy anniversary in 2014. These products are PersonalBlue PPO and PersonalBlue HDHP. We have included these products in the column of terminated products in the URR Template Worksheet 2.

18. Plan Type

Plan types listed in the drop-down box in Worksheet 2 provide an accurate reflection of the BCBST Individual Under 65 plans.

19. Warning Alerts

a. Total Premium: Worksheet 2 Row 82

Total Premium in Worksheet 2 is $408 less than total premium in worksheet 1. This discrepancy is not material, and amounts to less than 0.001% of total premium

b. Allowed Claims PMPM: Worksheet 2 row 99

Allowed claims PMPM in worksheet 2 are $16.29 less than allowed claims PMPM in worksheet 1. $15.66 of that difference is due to the fact that the allowed claims in worksheet 1 are before reinsurance recoveries, whereas the allowed claims in worksheet 2 are after reinsurance recoveries. The remaining

$0.63 difference amounts to less than 0.2% of the allowed claims, and is not material.

20. Reliance

In preparing the Part 1 URR Template submission, the certifying actuary relied on information and assumptions developed and prepared by the internal BlueCross BlueShield of Tennessee Actuarial staff, plus other internal BCBST departments.

21. Data Reconciliation

The claims experience was reconciled with the BCBST financial statement data. The data was reviewed for reasonableness and cross-checked with the financial statement data for the purpose of meeting Actuarial Standard of Practice No. 23, Data Quality. Completion factors utilized were reviewed for reasonableness and are consistent with factors used for the individual lines of business at BCBST.

22. Actuarial Certification

In accordance with Tennessee regulation § 0780-1-20-02, and Federal Statutes and regulation 45 CFR 156.80(d)(1), and to the best of my knowledge, this rate filing is in compliance with the applicable laws and regulations. Furthermore, the premium rates are reasonable in relation to the benefits provided.

The methods and assumptions used in developing the projected claim cost and administrative costs for the proposed benefits are reasonable and are in accordance with generally accepted actuarial practice. To the extent that actual experience differs from the assumptions, actual amounts will also deviate from the projected amounts. The impact of unanticipated events subsequent to the date of this rate filing is beyond the scope of my certification.

The Part 1 Unified Rate Review Template does not demonstrate the process used to develop the rates. Rather, it represents the information required by Federal regulation

to be provided in support of the review of rate increase, and for certification of qualified health plans for federally facilitated exchanges. The index rate is developed in accordance with Federal regulation, is used consistently, and is only adjusted by allowable modifiers.

In addition to other stated functions, this document is intended to provide Actuarial Certification for the following:

i. The Projected Index Rate is:
   - in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
   - developed in compliance with applicable Actuarial Standards of Practice,
   - Reasonable in relation to the benefits provided and the population anticipated to be covered,
   - Neither excessive nor deficient.

ii. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates,

iii. The percent of premium that represents Essential Health Benefits included in Worksheet 2, Sections III and IV was calculated in accordance with actuarial standards of practice and is appropriate and a reasonable representation of the associated benefits,

iv. The AV calculator released by HHS February 20, 2013 was used to determine the AV Metal Values shown in Worksheet 2 of the Part 1 Unified Rate Review Template.

v. Rates were developed in accordance with the appropriate Actuarial Standards of Practice and the profession's Code of Professional Conduct.

vi. Per Tennessee Rule 0780-01-93, the described rates are not unreasonable in relation to the benefits provided.

vii. The actuarial data and experience shall be maintained by the company (BlueCross BlueShield of Tennessee) and are available for review by the Commissioner of Insurance upon request.

viii. This certification has been prepared to demonstrate compliance with regulatory authority and is not intended for any other purpose.

I, Alisa Swann, am a member of the American Academy of Actuaries, in good standing, and have the education and experience necessary to perform the work.

Alisa L. Swann

Alisa Swann, F.S.A., M.A.A.A.
BlueCross BlueShield of Tennessee

4/24/13

Date

Table 1A
Policy Form Descriptions

Policy Form	Deductible Individual In Network	Deductible Family In Network	Deductible Individual Out of Network	Deductible Family Out of Network	Coinsurance In Network	Coinsurance Out-of-Network	OOP Max (includes deductible) Individual In Network	OOP Max Family In Network	OOP Max Individual Out of Network	OOP Max Family Out of Network	Office Visit	Rx Benefit	Specialty Rx	Brand-Only Ded	ER Copay
B01	$2,500	$5,000	$5,000	$10,000	50%	50%	$6,350	$12,700	$19,050	$38,100	Ded/Coins	Ded/Coins			
B02	$4,000	$8,000	$8,000	$16,000	50%	50%	$6,350	$12,700	$19,050	$38,100	Ded/Coins	Ded/Coins			
B03	$4,000	$8,000	$8,000	$16,000	80%	50%	$6,350	$12,700	$19,050	$38,100	Ded/Coins	Ded/Coins			
B04	$5,300	$10,600	$10,600	$21,200	100%	50%	$5,300	$10,600	$15,900	$31,800	Ded/Coins	Ded/Coins			
B05	$6,250	$12,500	$12,500	$25,000	100%	50%	$6,250	$12,500	$18,750	$37,500	Ded/Coins	Ded/Coins			
B06	$6,350	$12,700	$12,700	$25,400	100%	50%	$6,350	$12,700	$19,050	$38,100	Ded/Coins	3/75/250	$500		
S01	$0	$0	$5,000	$10,000	50%	50%	$6,350	$12,700	$19,050	$38,100	Ded/Coins	Ded/Coins			
S02	$1,000	$2,000	$2,000	$4,000	50%	50%	$6,250	$12,500	$18,750	$37,500	Ded/Coins	3/50%	50%		
S03	$1,000	$2,000	$2,000	$4,000	50%	50%	$6,350	$12,700	$19,050	$38,100	$60/ $100	3/50%	50%		
S04	$2,000	$4,000	$4,000	$8,000	50%	50%	$4,000	$8,000	$12,000	$24,000	Ded/Coins	Ded/Coins			
S05	$2,000	$4,000	$4,000	$8,000	50%	50%	$6,350	$12,700	$19,050	$38,100	$40/ $70	3/50%	50%		
S06	$2,000	$4,000	$4,000	$8,000	50%	50%	$6,350	$12,700	$19,050	$38,100	$55/ $95	3/50/100	$200		
S07	$1,500	$3,000	$3,000	$6,000	70%	50%	$6,350	$12,700	$19,050	$38,100	Ded/Coins	Ded/Coins			
S08	$2,000	$4,000	$4,000	$8,000	80%	50%	$5,000	$10,000	$15,000	$30,000	Ded/Coins	Ded/Coins			
S09	$2,500	$5,000	$5,000	$10,000	80%	50%	$4,500	$9,000	$13,500	$27,000	Ded/Coins	Ded/Coins			
S10	$2,500	$5,000	$5,000	$10,000	80%	50%	$5,500	$11,000	$16,500	$33,000	Ded/Coins	8/35/60	$120	$500	
S11	$2,500	$5,000	$5,000	$10,000	80%	50%	$5,500	$11,000	$16,500	$33,000	Ded/Coins	8/35/60	$120		
S12	$4,000	$8,000	$8,000	$16,000	80%	50%	$5,500	$11,000	$16,500	$33,000	$10	Ded/Coins			
S13	$4,000	$8,000	$8,000	$16,000	80%	50%	$5,500	$11,000	$16,500	$33,000	$10	3/100/250	$500		
S14	$5,500	$11,000	$11,000	$22,000	80%	50%	$6,350	$12,700	$19,050	$38,100	$10/ $40	3/50/100	$200		
S15	$5,500	$11,000	$11,000	$22,000	80%	50%	$6,350	$12,700	$19,050	$38,100	$35 / $50	3/35/75	$200		
S16	$3,500	$7,000	$7,000	$14,000	100%	50%	$3,500	$7,000	$10,500	$21,000	Ded/Coins	Ded/Coins			
S18	$6,350	$12,700	$12,700	$25,400	100%	50%	$6,350	$12,700	$19,050	$38,100	$35 / $50	3/50/100	$200		
G01	$0	$0	$5,000	$10,000	65%	50%	$5,250	$10,500	$15,750	$31,500	Ded/Coins	Ded/Coins			
G02	$0	$0	$5,000	$10,000	75%	50%	$6,350	$12,700	$19,050	$38,100	Ded/coins	Ded/Coins			
G03	$1,000	$2,000	$2,000	$4,000	80%	50%	$4,000	$8,000	$12,000	$24,000	$35 / $50	8/35/60	$120	$500	
G04	$1,000	$2,000	$2,000	$4,000	80%	50%	$4,000	$8,000	$12,000	$24,000	$35 / $50	8/35/60	$120		
G05	$1,500	$3,000	$3,000	$6,000	80%	50%	$4,500	$9,000	$13,500	$27,000	$35 / $50	8/35/60	$120	$500	
G06	$1,500	$3,000	$3,000	$6,000	80%	50%	$4,500	$9,000	$13,500	$27,000	$35 / $50	8/35/60	$120		
G07	$2,000	$4,000	$4,000	$8,000	80%	50%	$6,350	$12,700	$19,050	$38,100	$10	3/25/50	$100		$250
G08	$2,100	$4,200	$4,200	$8,400	100%	50%	$2,100	$4,200	$6,300	$12,600	Ded/Coins	Ded/Coins			
G10	$3,500	$7,000	$7,000	$14,000	100%	50%	$3,500	$7,000	$10,500	$21,000	$35 / $50	50%	$100		
G11	$3,500	$7,000	$7,000	$14,000	100%	50%	$3,500	$7,000	$10,500	$21,000	$35 / $50	8/35/60	$120		
P01	$0	$0	$5,000	$10,000	50%	50%	$1,800	$3,600	$5,400	$10,800	$20 / $40	3/25/50	$100		
P02	$0	$0	$5,000	$10,000	75%	50%	$1,500	$3,000	$4,500	$9,000	Ded/Coins	Ded/Coins			
P03	$0	$0	$5,000	$10,000	75%	50%	$3,000	$6,000	$9,000	$18,000	$10 / $40	3/25/50	$100		
P04	$1,500	$3,000	$3,000	$6,000	100%	50%	$1,500	$3,000	$4,500	$9,000	$10	3/25/50	$100		

Table 1B
Distribution Locations

				Marketplace		Non-Marketplace		Multi-State Plan
Policy Form	Marketplace	Non-Marketplace	Mulit-State Plan	Network E *	Network S	Network S	Network P	Network P
B01	X	X		14002TN0320005	14002TN0320001	14002TN0320001	14002TN0360003	
B02	X	X		14002TN0320006	14002TN0320002	14002TN0320002	14002TN0360004	
B03	X	X		14002TN0320007	14002TN0320003	14002TN0320003	14002TN0360005	
B04	X	X	X	14002TN0320008	14002TN0320004	14002TN0320004	14002TN0360006	14002TN0220001
B05		X				14002TN0360001	14002TN0360007	
B06		X				14002TN0360002	14002TN0360008	
S01	X	X		14002TN0330011	14002TN0330001	14002TN0330001	14002TN0370009	
S02	X	X		14002TN0330012	14002TN0330002	14002TN0330002	14002TN0370010	
S03		X				14002TN0370001	14002TN0370011	
S04	X	X		14002TN0330013	14002TN0330003	14002TN0330003	14002TN0370012	
S05		X				14002TN0370002	14002TN0370013	
S06		X				14002TN0370003	14002TN0370014	
S07	X	X		14002TN0330014	14002TN0330004	14002TN0330004	14002TN0370015	
S08	X	X		14002TN0330015	14002TN0330005	14002TN0330005	14002TN0370016	
S09	X	X	X	14002TN0330016	14002TN0330006	14002TN0330006	14002TN0370017	14002TN0230001
S10		X				14002TN0370004	14002TN0370018	
S11	X	X	X	14002TN0330017	14002TN0330007	14002TN0330007	14002TN0370019	14002TN0230002
S12	X	X	X	14002TN0330018	14002TN0330008	14002TN0330008	14002TN0370020	14002TN0230003
S13		X				14002TN0370005	14002TN0370021	
S14	X	X		14002TN0330019	14002TN0330009	14002TN0330009	14002TN0370022	
S15		X				14002TN0370006	14002TN0370023	
S16	X	X		14002TN0330020	14002TN0330010	14002TN0330010	14002TN0370024	
S18		X				14002TN0370008	14002TN0370026	
G01	X	X		14002TN0340009	14002TN0340001	14002TN0340001	14002TN0380004	
G02	X	X		14002TN0340010	14002TN0340002	14002TN0340002	14002TN0380005	
G03		X				14002TN0380001	14002TN0380006	
G04	X	X		14002TN0340011	14002TN0340003	14002TN0340003	14002TN0380007	
G05		X				14002TN0380002	14002TN0380008	
G06	X	X		14002TN0340012	14002TN0340004	14002TN0340004	14002TN0380009	
G07		X				14002TN0380003	14002TN0380010	
G08	X	X	X	14002TN0340013	14002TN0340005	14002TN0340005	14002TN0380011	14002TN0300001
G10	X	X		14002TN0340015	14002TN0340007	14002TN0340007	14002TN0380013	
G11	X	X	X	14002TN0340016	14002TN0340008	14002TN0340008	14002TN0380014	14002TN0300002
P01	X	X		14002TN0350004	14002TN0350001	14002TN0350001	14002TN0390002	
P02	X	X		14002TN0350005	14002TN0350002	14002TN0350002	14002TN0390003	
P03	X	X		14002TN0350006	14002TN0350003	14002TN0350003	14002TN0390004	
P04		X				14002TN0390001	14002TN0390005	

* Network E is only available in regions 2, 3, 4, and 6

Table 2
Trend Development

BCBST Individual Under 65 Trend	Underwritten	Guaranteed Issue	Combined
2011 Average Claim PMPM	$167.26	$490.32	$201.66
2012 Average Claim PMPM	$186.30	$504.66	$225.47
2011 Average Membership	54,293	6,470	60,763
2012 Average Membership	43,989	6,173	50,162
Percent Change (Net Claim Trend)	11.4%	2.9%	11.8%
Underwriting Wearoff	-0.5%	0.0%	-0.2%
Buydown	-1.1%	0.4%	-0.7%
Aging	2.1%	-0.8%	1.3%
Claim Trend (Medical + Pharmacy)	9.9%	3.3%	**10.9%**

BCBST Small Group Trend	Unit Cost	Utilization	Total
Inpatient Hospital	6.4%	-1.5%	4.8%
Outpatient Hospital	5.5%	6.1%	12.0%
Professional	2.7%	5.0%	7.8%
Total Medical	4.3%	3.8%	8.2%
Prescription Drug	23.8%	-13.5%	7.0%
Claim Trend (Medical + Pharmacy)	8.0%	0.5%	**8.0%**

Industry Trend Survey	Individual Medical	Group Medical PPO	Pharmacy
75th Percentile	10.0%	11.9%	12.0%
Median	**8.7%**	**10.4%**	**8.5%**
25th Percentile	7.6%	7.0%	6.0%

Medical Trend Used for Rate Development: 8.7%

Pharmacy Trend Used for Rate Development: 7.5%

Table 3
Base Claim Cost Development

Medical Claims Cost			8.7% Trend
Population	2012 Medical Claims PMPM	Normalized Claim Cost PMPM	Claim Cost Trended to 2014
BCBST Underwitten	124.06	115.05	135.94
BCBST Small Group	195.46	151.13	178.57
BCBST Guaranteed Issue members	437.42	480.88	568.20
AccessTN	655.92	653.54	772.20
Estimated Reform Population	**NA**	**131.42**	**155.28**

Pharmacy Claims Cost			7.5% Trend
Population	2012 Pharmacy Claims PMPM	Normalized Claim Cost PMPM	Claim Cost Trended to 2014
BCBST Underwitten	30.12	20.53	23.73
BCBST Small Group	49.88	33.32	38.50
BCBST Guaranteed Issue members	129.10	135.71	156.83
AccessTN	306.97	305.86	353.46
Estimated Reform Population	**NA**	**27.00**	**31.20**

Total Claims Cost (Medical + Pharmacy)			
Population	2012 Total Claims PMPM	Normalized Claim Cost PMPM	Claim Cost Trended to 2014
BCBST Underwitten	154.18	135.58	159.67
BCBST Small Group	245.34	184.45	217.08
BCBST Guaranteed Issue members	566.52	616.59	725.03
AccessTN	962.90	959.40	1,125.66
Estimated Reform Population	**NA**	**158.42**	**186.48**

Table 4
Development of Base Rates

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Policy Form	Average Base Claim Cost Trended to 2014	Benefit and Utilization Adjustment	Projected Base Claims	Reinsurance Recoveries	Claims less reinsurance recoveries	Target Loss Ratio	Average Premium	Age 21 Premium
Bronze	B01	186.48	90.9%	169.50	16.58	152.92	71.67%	213.37	143.27
	B02	186.48	78.8%	146.92	14.37	132.54	71.67%	184.94	124.18
	B03	186.48	87.3%	162.71	15.92	146.80	71.67%	204.83	137.53
	B04	186.48	84.4%	157.34	15.39	141.95	71.67%	198.07	132.99
	B05	186.48	77.7%	144.82	14.17	130.65	71.67%	182.31	122.41
	B06	186.48	87.5%	163.09	15.96	147.14	71.67%	205.31	137.85
Silver	S01	186.48	122.4%	228.23	22.33	205.90	72.79%	282.89	189.94
	S02	186.48	112.7%	210.15	20.56	189.59	72.79%	260.47	174.89
	S03	186.48	134.2%	250.27	24.48	225.78	72.79%	310.20	208.28
	S04	186.48	104.3%	194.47	19.03	175.44	72.79%	241.04	161.84
	S05	186.48	131.4%	244.98	23.97	221.01	72.79%	303.64	203.88
	S06	186.48	139.5%	260.20	25.46	234.74	72.79%	322.51	216.55
	S07	186.48	118.0%	220.12	21.53	198.58	72.79%	272.83	183.19
	S08	186.48	117.8%	219.72	21.50	198.22	72.79%	272.34	182.86
	S09	186.48	108.6%	202.43	19.80	182.63	72.79%	250.91	168.47
	S10	186.48	118.7%	221.35	21.66	199.70	72.79%	274.36	184.22
	S11	186.48	126.8%	236.39	23.13	213.26	72.79%	293.00	196.73
	S12	186.48	124.7%	232.46	22.74	209.72	72.79%	288.13	193.46
	S13	186.48	132.1%	246.38	24.10	222.28	72.79%	305.39	205.05
	S14	186.48	133.5%	248.87	24.35	224.52	72.79%	308.47	207.12
	S15	186.48	135.9%	253.51	24.80	228.70	72.79%	314.21	210.97
	S16	186.48	109.2%	203.57	19.92	183.65	72.79%	252.31	169.41
	S18	186.48	131.9%	245.95	24.06	221.89	72.79%	304.85	204.69
Gold	G01	186.48	148.4%	276.82	27.08	249.74	73.38%	340.32	228.50
	G02	186.48	166.8%	311.08	30.43	280.65	73.38%	382.43	256.78
	G03	186.48	173.0%	322.70	31.57	291.13	73.38%	396.71	266.37
	G04	186.48	181.1%	337.71	33.04	304.67	73.38%	415.17	278.76
	G05	186.48	163.8%	305.49	29.89	275.61	73.38%	375.56	252.17
	G06	186.48	171.9%	320.52	31.36	289.16	73.38%	394.03	264.57
	G07	186.48	174.1%	324.66	31.76	292.90	73.38%	399.13	267.99
	G08	186.48	139.6%	260.23	25.46	234.77	73.38%	319.92	214.81
	G10	186.48	140.3%	261.60	25.59	236.01	73.38%	321.61	215.94
	G11	186.48	159.6%	297.60	29.12	268.49	73.38%	365.86	245.65
Platinum	P01	186.48	189.5%	353.33	34.57	318.76	73.78%	432.02	290.08
	P02	186.48	192.6%	359.17	35.14	324.03	73.78%	439.16	294.87
	P03	186.48	208.2%	388.25	37.98	350.26	73.78%	474.71	318.74
	P04	186.48	210.4%	392.34	38.38	353.96	73.78%	479.72	322.10

Table 5
Rate Factors

Network and Region Factors							
Network E							
Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
NA	0.869	0.871	0.874	NA	0.898	NA	NA
Network S							
Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
0.999	0.939	0.968	1.029	1.041	0.998	0.933	1.044
Network P							
Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
1.049	1.072	1.129	1.151	1.188	1.211	1.064	1.168

Age Factors			
Age	Age Factor	Age	Age Factor
0-20	0.635	43	1.357
21	1.000	44	1.397
22	1.000	45	1.444
23	1.000	46	1.500
24	1.000	47	1.563
25	1.004	48	1.635
26	1.024	49	1.706
27	1.048	50	1.786
28	1.087	51	1.865
29	1.119	52	1.952
30	1.135	53	2.040
31	1.159	54	2.135
32	1.183	55	2.230
33	1.198	56	2.333
34	1.214	57	2.437
35	1.222	58	2.548
36	1.230	59	2.603
37	1.238	60	2.714
38	1.246	61	2.810
39	1.262	62	2.873
40	1.278	63	2.952
41	1.302	64	2.999 *
42	1.325	65+	2.999 *

Tobacco Factors		
Age	Non-Tobacco	Tobacco
0-20	1.00	1.00
21 - 65+	1.00	1.15

* The prescibed age factor for ages 64 and 65+ is 3.0, however in order to get the QHP rate templates to validate we used a factor of 2.999

Table 6A
Modifiers Impacting Pricing Values
Marketplace Bronze

Product	Marketplace Bronze							
Plan ID	14002TN0320005	14002TN0320006	14002TN0320007	14002TN0320008	14002TN0320001	14002TN0320002	14002TN0320003	14002TN0320004
Policy Form	B01E	B02E	B03E	B04E	B01S	B02S	B03S	B04S
AV and Cost Sharing	-57.5%	-64.0%	-59.4%	-61.0%	-57.5%	-64.0%	-59.4%	-61.0%
Admin Cost	2.0%	2.6%	2.2%	2.3%	2.0%	2.5%	2.2%	2.2%
Network Impact	-22.8%	-22.8%	-22.8%	-22.8%	-12.0%	-12.0%	-12.0%	-12.0%
Pricing AV	34.4%	29.8%	33.0%	31.9%	39.1%	33.9%	37.6%	36.3%

Table 6B
Modifiers Impacting Pricing Values
Marketplace Silver

Product	Marketplace Silver									
Plan ID	14002TN0330011	14002TN0330012	14002TN0330013	14002TN0330014	14002TN0330015	14002TN0330016	14002TN0330017	14002TN0330018	14002TN0330019	14002TN0330020
Policy Form	S01E	S02E	S04E	S07E	S08E	S09E	S11E	S12E	S14E	S16E
AV and Cost Sharing	-42.1%	-47.0%	-51.3%	-44.3%	-44.4%	-49.2%	-39.9%	-41.0%	-36.6%	-48.8%
Admin Cost	1.1%	1.3%	1.6%	1.2%	1.3%	1.5%	1.0%	1.1%	0.9%	1.4%
Network Impact	-22.8%	-22.8%	-22.8%	-22.8%	-22.8%	-22.8%	-22.8%	-22.8%	-22.8%	-22.8%
Pricing AV	45.5%	41.9%	38.8%	43.9%	43.9%	40.4%	47.2%	46.4%	49.7%	40.6%

Product	Marketplace Silver									
Plan ID	14002TN0330001	14002TN0330002	14002TN0330003	14002TN0330004	14002TN0330005	14002TN0330006	14002TN0330007	14002TN0330008	14002TN0330009	14002TN0330010
Policy Form	S01S	S02S	S04S	S07S	S08S	S09S	S11S	S12S	S14S	S16S
AV and Cost Sharing	-42.1%	-47.0%	-51.3%	-44.3%	-44.4%	-49.2%	-39.9%	-41.0%	-36.6%	-48.8%
Admin Cost	1.1%	1.4%	1.6%	1.2%	1.2%	1.4%	1.0%	1.0%	0.9%	1.5%
Network Impact	-12.0%	-12.0%	-12.0%	-12.0%	-12.0%	-12.0%	-12.0%	-12.0%	-12.0%	-12.0%
Pricing AV	51.9%	47.8%	44.2%	50.0%	49.9%	46.0%	53.7%	52.8%	56.6%	46.3%

Table 6C
Modifiers Impacting Pricing Values
Marketplace Gold

Product	Marketplace Gold						
Plan ID	14002TN0340009	14002TN0340010	14002TN0340011	14002TN0340012	14002TN0340013	14002TN0340015	14002TN0340016
Policy Form	G01E	G02E	G04E	G06E	G08E	G10E	G11E
AV and Cost Sharing	-29.7%	-20.7%	-13.7%	-18.2%	-34.1%	-33.7%	-24.2%
Admin Cost	0.7%	0.4%	0.2%	0.3%	0.8%	0.8%	0.5%
Network Impact	-22.8%	-22.8%	-22.8%	-22.8%	-22.8%	-22.8%	-22.8%
Pricing AV	54.8%	61.6%	66.8%	63.4%	51.5%	51.8%	58.9%

Product	Marketplace Gold						
Plan ID	14002TN0340001	14002TN0340002	14002TN0340003	14002TN0340004	14002TN0340005	14002TN0340007	14002TN0340008
Policy Form	G01S	G02S	G04S	G06S	G08S	G10S	G11S
AV and Cost Sharing	-29.7%	-20.7%	-13.7%	-18.2%	-34.1%	-33.7%	-24.2%
Admin Cost	0.6%	0.4%	0.2%	0.4%	0.8%	0.8%	0.5%
Network Impact	-12.0%	-12.0%	-12.0%	-12.0%	-12.0%	-12.0%	-12.0%
Pricing AV	62.4%	70.1%	76.1%	72.3%	58.7%	59.0%	67.1%

Table 6D
Modifiers Impacting Pricing Values
Marketplace Platinum

Product	Marketplace Platinum					
Plan ID	14002TN0350004	14002TN0350005	14002TN0350006	14002TN0350001	14002TN0350002	14002TN0350003
Policy Form	P01E	P02E	P03E	P01S	P02S	P03S
AV and Cost Sharing	-10.1%	-8.6%	-1.1%	-10.1%	-8.6%	-1.1%
Admin Cost	0.2%	0.1%	0.0%	0.1%	0.1%	0.1%
Network Impact	-22.8%	-22.8%	-22.8%	-12.0%	-12.0%	-12.0%
Pricing AV	69.6%	70.7%	76.4%	79.2%	80.5%	87.1%

Table 6E
Modifiers Impacting Pricing Values
Multi-State Plans

Product	Multi-State Plans					
Plan ID	14002TN0220001	14002TN0230001	14002TN0230002	14002TN0230003	14002TN0300001	14002TN0300002
Policy Form	B04P	S09P	S11P	S12P	G08P	G11P
AV and Cost Sharing	-61.0%	-49.2%	-39.9%	-41.0%	-34.1%	-24.2%
Admin Cost	2.3%	1.5%	1.0%	1.1%	0.8%	0.5%
Network Impact	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Pricing AV	41.3%	52.3%	61.1%	60.1%	66.7%	76.3%

Data Collection Template

Company Legal Name:	**BCBST**	State:	**TN**
HIOS Issuer ID:	**14002**	Market:	**Individual**
Effective Date of Rate Change(s):	**1/1/2014**		

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 1/1/2012 to 12/31/2012

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$95,222,479	$185.70	100.00%
Incurred Claims in Experience Period	$69,104,839	134.77	72.57%
Allowed Claims:	$108,747,114	212.08	114.20%
Index Rate of Experience Period		$212.08	
Experience Period Member Months	512,772		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2014 to 12/31/2014 Mid-point to Mid-point, Experience to Projection: 24 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Pop'l risk Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**
Inpatient Hospital	Admits	28.81	$17,542.71	$42.11	1.141	1.133	1.058	1.027	34.66	$22,242.24	$64.25	48.55	$18,336.05	$74.19
Outpatient Hospital	Visits	700.83	793.18	46.32	1.141	1.133	1.058	1.027	843.27	1,005.67	70.67	1151.04	968.05	92.86
Professional	Visits	6,366.46	171.00	90.72	1.141	1.133	1.058	1.027	7,660.41	216.80	138.40	9733.35	189.23	153.48
Other Medical	Other	260.00	204.85	4.44	1.141	1.133	1.058	1.027	312.84	259.73	6.77	240.29	439.13	8.79
Capitation	Other	0.00	0.00	0.00	1.000	1.000	1.000	1.000	0.00	0.00	0.00	0.00	0.00	0.00
Prescription Drug	Prescriptions	7,461.48	45.81	28.48	1.141	1.144	1.075	1.000	8,512.12	60.55	42.95	8696.49	93.56	67.80
Total				$212.08							$323.04			$397.13

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	90.00%	10.00%	$330.45	$448,090,871
Paid to Allowed Average Factor in Projection Period			0.650	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$214.79	$291,259,066
Projected Risk Adjustments PMPM			0.00	0
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$214.79	$291,259,066
Projected ACA reinsurance recoveries, net of rein prem, PMPM			15.66	21,234,960
Projected Incurred Claims			$199.13	$270,024,106
Administrative Expense Load		16.20%	43.21	58,596,862
Profit & Risk Load		2.99%	7.98	10,824,333
Taxes & Fees		6.18%	16.49	22,362,619
Single Risk Pool Gross Premium Avg. Rate, PMPM			$266.82	$361,807,920
Index Rate for Projection Period			$330.45	
% increase over Experience Period			43.68%	
% Increase, annualized:			19.87%	
Projected Member Months				1,356,000

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Product-Plan Data Collection

Company Legal Name:	**BCBST**	State:	**TN**
HIOS Issuer ID:	**14002**	Market:	**Individual**
Effective Date of Rate Change(s):	**1/1/2014**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Marketplace Bronze								Marketplace Silver										
Product ID:	14002TN032								14002TN033										
Metal:	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver
AV Metal Value	0.615	0.592	0.615	0.618	0.615	0.592	0.615	0.618	0.708	0.681	0.682	0.682	0.699	0.684	0.703	0.690	0.720	0.688	0.708
AV Pricing Value	0.344	0.298	0.330	0.319	0.391	0.339	0.376	0.363	0.455	0.419	0.388	0.439	0.439	0.404	0.472	0.464	0.497	0.406	0.519
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	BlueCross Bronze B01E	BlueCross Bronze B02E	BlueCross Bronze B03E	BlueCross Bronze B04E	BlueCross Bronze B01S	BlueCross Bronze B02S	BlueCross Bronze B03S	BlueCross Bronze B04S	BlueCross Silver S01E	BlueCross Silver S02E	BlueCross Silver S04E	BlueCross Silver S07E	BlueCross Silver S08E	BlueCross Silver S09E	BlueCross Silver S11E	BlueCross Silver S12E	BlueCross Silver S14E	BlueCross Silver S16E	BlueCross Silver S01S
Plan ID (Standard Component ID):	14002TN0320005	14002TN0320006	14002TN0320007	14002TN0320008	14002TN0320001	14002TN0320002	14002TN0320003	14002TN0320004	14002TN0330011	14002TN0330012	14002TN0330013	14002TN0330014	14002TN0330015	14002TN0330016	14002TN0330017	14002TN0330018	14002TN0330019	14002TN0330020	14002TN0330001
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	0.00%								0.00%										
Historical Rate Increase - Calendar Year - 1	0.00%								0.00%										
Historical Rate Increase - Calendar Year 0	0.00%								0.00%										
Effective Date of Proposed Rates	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %	0.00%								0.00%										

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	14002TN0320005	14002TN0320006	14002TN0320007	14002TN0320008	14002TN0320001	14002TN0320002	14002TN0320003	14002TN0320004	14002TN0330011	14002TN0330012	14002TN0330013	14002TN0330014	14002TN0330015	14002TN0330016	14002TN0330017	14002TN0330018	14002TN0330019	14002TN0330020	14002TN0330001
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	$266.82	$187.35	$162.38	$179.84	$173.90	$213.37	$184.94	$204.83	$198.07	$248.38	$228.70	$211.63	$239.54	$239.11	$220.30	$257.25	$252.98	$270.84	$221.53	$282.89
Projected Member Months	1,356,000	26,195	26,194	26,195	26,195	68,724	68,724	68,724	56,724	14,969	14,970	14,969	14,969	14,969	14,969	14,969	14,969	14,969	14,969	38,806

Product-Plan Data Collection

Company Legal Name: **BCBST**
HIOS Issuer ID: **14002**
Effective Date of Rate Change(s): **1/1/2014**

State: **TN**
Market: **Individual**

Product/Plan Level Calculations

Section III: Experience Period Information

Wsht 1 Total		Plan ID (Standard Component ID):	Total	14002TN0320005	14002TN0320006	14002TN0320007	14002TN0320008	14002TN0320001	14002TN0320002	14002TN0320003	14002TN0320004	14002TN0330011	14002TN0330012	14002TN0330013	14002TN0330014	14002TN0330015	14002TN0330016	14002TN0330017	14002TN0330018	14002TN0330019	14002TN0330020	14002TN0330001
$ 185.70	Premium Information	Average Rate PMPM	$185.70																			
512,772		Member Months	512,772																			
$95,222,479		Total Premium (TP)	$95,222,479	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
		EHB basis or full portion of TP, [see instructions]	0.00%																			
		state mandated benefits portion of TP that are other than EHB	0.00%																			
		Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
$108,747,114	Claims Information	Total Allowed Claims (TAC)	$108,747,114																			
		EHB basis or full portion of TAC, [see instructions]	100.00%																			
		state mandated benefits portion of TAC that are other than EHB	0.00%																			
		Other benefits portion of TAC	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		Allowed Claims which are not the issuer's obligation:	$39,642,275																			
		Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
		Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
$69,104,839		Total Incurred claims, payable with issuer funds	$69,104,839	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
		Net Amt of Rein	$0.00																			
		Net Amt of Risk Adj	$0.00																			
$ 134.77		Incurred Claims PMPM	$134.77	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
$ 212.08		Allowed Claims PMPM	$212.08	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		EHB portion of Allowed Claims, PMPM	$212.08	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective date)

Wsht 1 Total		Plan ID (Standard Component ID):	Total	14002TN0320005	14002TN0320006	14002TN0320007	14002TN0320008	14002TN0320001	14002TN0320002	14002TN0320003	14002TN0320004	14002TN0330011	14002TN0330012	14002TN0330013	14002TN0330014	14002TN0330015	14002TN0330016	14002TN0330017	14002TN0330018	14002TN0330019	14002TN0330020	14002TN0330001
$ 266.82	Premium Information	Average Rate PMPM	$266.82	$187.35	$162.38	$179.84	$173.90	$213.37	$184.94	$204.83	$198.07	$248.38	$228.70	$211.63	$239.54	$239.11	$220.30	$257.25	$252.98	$270.84	$221.53	$282.89
1,356,000		Member Months	1,356,000	26,195	26,194	26,195	26,195	68,724	68,724	68,724	56,724	14,969	14,970	14,969	14,969	14,969	14,969	14,969	14,969	14,969	14,969	38,806
$361,807,920		Total Premium (TP)	$361,807,512	$4,907,505	$4,253,395	$4,710,969	$4,555,397	$14,663,957	$12,709,916	$14,076,694	$11,235,051	$3,717,983	$3,423,573	$3,167,952	$3,585,739	$3,579,307	$3,297,670	$3,850,849	$3,786,871	$4,054,194	$3,316,136	$10,977,764
		EHB basis or full portion of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
426,855,911	Claims Information	Total Allowed Claims (TAC)	$425,996,026	$12,215,549	$12,215,549	$12,215,549	$12,215,549	$12,215,549	$12,215,549	$12,215,549	$12,215,549	$7,697,017	$7,697,017	$7,697,017	$7,697,017	$7,697,017	$7,697,017	$7,697,017	$7,697,017	$7,697,017	$7,697,017	$7,697,017
		EHB basis or full portion of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		Allowed Claims which are not the issuer's obligation	$156,980,712	$6,168,852	$6,168,852	$6,168,852	$6,168,852	$6,168,852	$6,168,852	$6,168,852	$6,168,852	$2,693,956	$2,693,956	$2,693,956	$2,693,956	$2,693,956	$2,693,956	$2,693,956	$2,693,956	$2,693,956	$2,693,956	$2,693,956
		Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
		insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
270,024,106		Total Incurred claims, payable with issuer funds	$269,015,314	$6,046,697	$6,046,697	$6,046,697	$6,046,697	$6,046,697	$6,046,697	$6,046,697	$6,046,697	$5,003,061	$5,003,061	$5,003,061	$5,003,061	$5,003,061	$5,003,061	$5,003,061	$5,003,061	$5,003,061	$5,003,061	$5,003,061
21,234,960		Net Amt of Rein	$21,234,960	$410,214	$410,198	$410,214	$410,214	$1,076,218	$1,076,218	$1,076,218	$888,298	$234,415	$234,430	$234,415	$234,415	$234,415	$234,415	$234,415	$234,415	$234,415	$234,415	$607,702
		Net Amt of Risk Adj	$0																			
$ 199.13		Incurred Claims PMPM	$198.39	$230.83	$230.84	$230.83	$230.83	$87.99	$87.99	$87.99	$106.60	$334.23	$334.21	$334.23	$334.23	$334.23	$334.23	$334.23	$334.23	$334.23	$334.23	$128.92
$ 330.45		Allowed Claims PMPM	$314.16	$466.33	$466.35	$466.33	$466.33	$177.75	$177.75	$177.75	$215.35	$514.20	$514.16	$514.20	$514.20	$514.20	$514.20	$514.20	$514.20	$514.20	$514.20	$198.35
		EHB portion of Allowed Claims, PMPM	$314.16	$466.33	$466.35	$466.33	$466.33	$177.75	$177.75	$177.75	$215.35	$514.20	$514.16	$514.20	$514.20	$514.20	$514.20	$514.20	$514.20	$514.20	$514.20	$198.35

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product										Marketplace Gold											
Product ID:										14002TN034											
Metal:	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
AV Metal Value	0.681	0.682	0.682	0.699	0.684	0.703	0.690	0.720	0.688	0.781	0.817	0.811	0.791	0.781	0.786	0.797	0.781	0.817	0.811	0.791	0.781
AV Pricing Value	0.478	0.442	0.500	0.499	0.460	0.537	0.528	0.566	0.463	0.548	0.616	0.668	0.634	0.515	0.518	0.589	0.624	0.701	0.761	0.723	0.587
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	BlueCross Silver S02S	BlueCross Silver S04S	BlueCross Silver S07S	BlueCross Silver S08S	BlueCross Silver S09S	BlueCross Silver S11S	BlueCross Silver S12S	BlueCross Silver S14S	BlueCross Silver S16S	BlueCross Gold G01E	BlueCross Gold G02E	BlueCross Gold G04E	BlueCross Gold G06E	BlueCross Gold G08E	BlueCross Gold G10E	BlueCross Gold G11E	BlueCross Gold G01S	BlueCross Gold G02S	BlueCross Gold G04S	BlueCross Gold G06S	BlueCross Gold G08S
Plan ID (Standard Component ID):	14002TN0330002	14002TN0330003	14002TN0330004	14002TN0330005	14002TN0330006	14002TN0330007	14002TN0330008	14002TN0330009	14002TN0330010	14002TN0340009	14002TN0340010	14002TN0340011	14002TN0340012	14002TN0340013	14002TN0340015	14002TN0340016	14002TN0340001	14002TN0340002	14002TN0340003	14002TN0340004	14002TN0340005
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2										0.00%											
Historical Rate Increase - Calendar Year - 1										0.00%											
Historical Rate Increase - Calendar Year 0										0.00%											
Effective Date of Proposed Rates	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %										0.00%											

Section II: Components of Premium Increase (PMPM D

Plan ID (Standard Component ID):	14002TN0330002	14002TN0330003	14002TN0330004	14002TN0330005	14002TN0330006	14002TN0330007	14002TN0330008	14002TN0330009	14002TN0330010	14002TN0340009	14002TN0340010	14002TN0340011	14002TN0340012	14002TN0340013	14002TN0340015	14002TN0340016	14002TN0340001	14002TN0340002	14002TN0340003	14002TN0340004	14002TN0340005
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	$260.47	$241.04	$272.83	$272.34	$250.91	$293.00	$288.13	$308.47	$252.31	$298.80	$335.78	$364.52	$345.96	$280.89	$282.37	$321.23	$340.32	$382.43	$415.17	$394.03	$319.92
Projected Member Months	38,805	38,806	38,806	38,808	26,806	26,806	26,806	38,806	38,806	4,277	4,277	4,277	4,277	4,277	4,277	4,277	11,502	11,502	11,502	11,502	6,702

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

:tion III: Experience Period Information

Plan ID (Standard Component ID):	14002TN0330002	14002TN0330003	14002TN0330004	14002TN0330005	14002TN0330006	14002TN0330007	14002TN0330008	14002TN0330009	14002TN0330010	14002TN0340009	14002TN0340010	14002TN0340011	14002TN0340012	14002TN0340013	14002TN0340015	14002TN0340016	14002TN0340001	14002TN0340002	14002TN0340003	14002TN0340004	14002TN0340005
Average Rate PMPM																					
Member Months																					
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]																					
state mandated benefits portion of TP that are other than EHB																					
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)																					
EHB basis or full portion of TAC, [see instructions]																					
state mandated benefits portion of TAC that are other than EHB																					
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:																					
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein																					
Net Amt of Risk Adj																					
Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

:tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	14002TN0330002	14002TN0330003	14002TN0330004	14002TN0330005	14002TN0330006	14002TN0330007	14002TN0330008	14002TN0330009	14002TN0330010	14002TN0340009	14002TN0340010	14002TN0340011	14002TN0340012	14002TN0340013	14002TN0340015	14002TN0340016	14002TN0340001	14002TN0340002	14002TN0340003	14002TN0340004	14002TN0340005
Average Rate PMPM	$260.47	$241.04	$272.83	$272.34	$250.91	$293.00	$288.13	$308.47	$252.31	$298.80	$335.78	$364.52	$345.96	$280.89	$282.37	$321.23	$340.32	$382.43	$415.17	$394.03	$319.92
Member Months	38,805	38,806	38,806	38,808	26,806	26,806	26,806	38,806	38,806	4,277	4,277	4,277	4,277	4,277	4,277	4,277	11,502	11,502	11,502	11,502	6,702
Total Premium (TP)	$10,107,550	$9,353,736	$10,587,299	$10,568,853	$6,725,843	$7,854,094	$7,723,607	$11,970,465	$9,791,265	$1,277,972	$1,436,126	$1,559,061	$1,479,682	$1,201,388	$1,207,710	$1,373,900	$3,914,317	$4,398,727	$4,775,268	$4,532,137	$2,144,118
EHB basis or full portion of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$7,697,017	$7,697,017	$7,697,017	$7,697,017	$7,697,017	$7,697,017	$7,697,017	$7,697,017	$7,697,017	$2,556,248	$2,556,248	$2,556,248	$2,556,248	$2,556,248	$2,556,248	$2,556,248	$2,556,248	$2,556,248	$2,556,248	$2,556,248	$2,556,248
EHB basis or full portion of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	$2,693,956	$2,693,956	$2,693,956	$2,693,956	$2,693,956	$2,693,956	$2,693,956	$2,693,956	$2,693,956	$639,062	$639,062	$639,062	$639,062	$639,062	$639,062	$639,062	$639,062	$639,062	$639,062	$639,062	$639,062
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$5,003,061	$5,003,061	$5,003,061	$5,003,061	$5,003,061	$5,003,061	$5,003,061	$5,003,061	$5,003,061	$1,917,186	$1,917,186	$1,917,186	$1,917,186	$1,917,186	$1,917,186	$1,917,186	$1,917,186	$1,917,186	$1,917,186	$1,917,186	$1,917,186
Net Amt of Rein	$607,686	$607,702	$607,702	$607,733	$419,782	$419,782	$419,782	$607,702	$607,702	$66,978	$66,978	$66,978	$66,978	$66,978	$66,978	$66,978	$180,121	$180,121	$180,121	$180,121	$104,953
Net Amt of Risk Adj																					
Incurred Claims PMPM	$128.93	$128.92	$128.92	$128.92	$186.64	$186.64	$186.64	$128.92	$128.92	$448.25	$448.25	$448.25	$448.25	$448.25	$448.25	$448.25	$166.68	$166.68	$166.68	$166.68	$286.06
Allowed Claims PMPM	$198.35	$198.35	$198.35	$198.34	$287.14	$287.14	$287.14	$198.35	$198.35	$597.67	$597.67	$597.67	$597.67	$597.67	$597.67	$597.67	$222.24	$222.24	$222.24	$222.24	$381.42
EHB portion of Allowed Claims, PMPM	$198.35	$198.35	$198.35	$198.34	$287.14	$287.14	$287.14	$198.35	$198.35	$597.67	$597.67	$597.67	$597.67	$597.67	$597.67	$597.67	$222.24	$222.24	$222.24	$222.24	$381.42

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product			Marketplace Platinum						Non-Marketplace Bronze												
Product ID:			14002TN035						14002TN036												
Metal:	Gold	Gold	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver
AV Metal Value	0.786	0.797	0.882	0.913	0.883	0.882	0.913	0.883	0.583	0.587	0.616	0.593	0.615	0.618	0.583	0.587	0.717	0.717	0.716	0.704	0.711
AV Pricing Value	0.590	0.671	0.696	0.707	0.764	0.792	0.805	0.871	0.334	0.370	0.445	0.386	0.427	0.413	0.380	0.420	0.569	0.557	0.591	0.503	0.560
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	BlueCross Gold G10S	BlueCross Gold G11S	BlueCross Platinum P01E	BlueCross Platinum P02E	BlueCross Platinum P03E	BlueCross Platinum P01S	BlueCross Platinum P02S	BlueCross Platinum P03S	BlueCross Bronze B05S	BlueCross Bronze B06S	BlueCross Bronze B01P	BlueCross Bronze B02P	BlueCross Bronze B03P	BlueCross Bronze B04P	BlueCross Bronze B05P	BlueCross Bronze B06P	BlueCross Silver S03S	BlueCross Silver S05S	BlueCross Silver S06S	BlueCross Silver S10S	BlueCross Silver S13S
Plan ID (Standard Component ID):	14002TN0340007	14002TN0340008	14002TN0350004	14002TN0350005	14002TN0350006	14002TN0350001	14002TN0350002	14002TN0350003	14002TN0360001	14002TN0360002	14002TN0360003	14002TN0360004	14002TN0360005	14002TN0360006	14002TN0360007	14002TN0360008	14002TN0370001	14002TN0370002	14002TN0370003	14002TN0370004	14002TN0370005
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2			0.00%						0.00%												
Historical Rate Increase - Calendar Year - 1			0.00%						0.00%												
Historical Rate Increase - Calendar Year 0			0.00%						0.00%												
Effective Date of Proposed Rates	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %			0.00%						0.00%												

Section II: Components of Premium Increase (PMPM D

Plan ID (Standard Component ID):	14002TN0340007	14002TN0340008	14002TN0350004	14002TN0350005	14002TN0350006	14002TN0350001	14002TN0350002	14002TN0350003	14002TN0360001	14002TN0360002	14002TN0360003	14002TN0360004	14002TN0360005	14002TN0360006	14002TN0360007	14002TN0360008	14002TN0370001	14002TN0370002	14002TN0370003	14002TN0370004	14002TN0370005
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	$321.61	$365.86	$379.32	$385.59	$416.80	$432.02	$439.16	$474.71	$182.31	$201.69	$242.54	$210.22	$232.83	$225.14	$207.23	$229.27	$310.20	$303.64	$322.51	$274.36	$305.39
Projected Member Months	11,502	6,703	4,990	4,990	4,990	13,372	13,372	13,372	11,865	11,865	11,865	11,865	11,865	11,865	11,865	11,865	6,315	6,315	6,315	6,315	6,315

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

:tion III: Experience Period Information

Plan ID (Standard Component ID):	14002TN0340007	14002TN0340008	14002TN0350004	14002TN0350005	14002TN0350006	14002TN0350001	14002TN0350002	14002TN0350003	14002TN0360001	14002TN0360002	14002TN0360003	14002TN0360004	14002TN0360005	14002TN0360006	14002TN0360007	14002TN0360008	14002TN0370001	14002TN0370002	14002TN0370003	14002TN0370004	14002TN0370005
Average Rate PMPM																					
Member Months																					
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]																					
state mandated benefits portion of TP that are other than EHB																					
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)																					
EHB basis or full portion of TAC, [see instructions]																					
state mandated benefits portion of TAC that are other than EHB																					
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:																					
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0													
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!													
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein																					
Net Amt of Risk Adj																					
Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

:tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	14002TN0340007	14002TN0340008	14002TN0350004	14002TN0350005	14002TN0350006	14002TN0350001	14002TN0350002	14002TN0350003	14002TN0360001	14002TN0360002	14002TN0360003	14002TN0360004	14002TN0360005	14002TN0360006	14002TN0360007	14002TN0360008	14002TN0370001	14002TN0370002	14002TN0370003	14002TN0370004	14002TN0370005
Average Rate PMPM	$321.61	$365.86	$379.32	$385.59	$416.80	$432.02	$439.16	$474.71	$182.31	$201.69	$242.54	$210.22	$232.83	$225.14	$207.23	$229.27	$310.20	$303.64	$322.51	$274.36	$305.39
Member Months	11,502	6,703	4,990	4,990	4,990	13,372	13,372	13,372	11,865	11,865	11,865	11,865	11,865	11,865	11,865	11,865	6,315	6,315	6,315	6,315	6,315
Total Premium (TP)	$3,699,110	$2,452,368	$1,892,803	$1,924,073	$2,079,839	$5,776,991	$5,872,427	$6,347,840	$2,163,049	$2,393,101	$2,877,794	$2,494,315	$2,762,544	$2,671,316	$2,458,757	$2,720,259	$1,958,901	$1,917,483	$2,036,655	$1,732,593	$1,928,507
EHB basis or full portion of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$2,556,248	$2,556,248	$3,571,399	$3,571,399	$3,571,399	$3,571,399	$3,571,399	$3,571,399	$3,516,022	$3,516,022	$3,516,022	$3,516,022	$3,516,022	$3,516,022	$3,516,022	$3,516,022	$2,166,986	$2,166,986	$2,166,986	$2,166,986	$2,166,986
EHB basis or full portion of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	$639,062	$639,062	$535,710	$535,710	$535,710	$535,710	$535,710	$535,710	$1,582,210	$1,582,210	$1,582,210	$1,582,210	$1,582,210	$1,582,210	$1,582,210	$1,582,210	$758,445	$758,445	$758,445	$758,445	$758,445
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0													
insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%													
Total Incurred claims, payable with issuer funds	$1,917,186	$1,917,186	$3,035,689	$3,035,689	$3,035,689	$3,035,689	$3,035,689	$3,035,689	$1,933,812	$1,933,812	$1,933,812	$1,933,812	$1,933,812	$1,933,812	$1,933,812	$1,933,812	$1,408,541	$1,408,541	$1,408,541	$1,408,541	$1,408,541
Net Amt of Rein	$180,121	$104,969	$78,143	$78,143	$78,143	$209,406	$209,406	$209,406	$185,806	$185,806	$185,806	$185,806	$185,806	$185,806	$185,806	$185,806	$98,893	$98,893	$98,893	$98,893	$98,893
Net Amt of Risk Adj																					
Incurred Claims PMPM	$166.68	$286.02	$608.35	$608.35	$608.35	$227.02	$227.02	$227.02	$162.98	$162.98	$162.98	$162.98	$162.98	$162.98	$162.98	$162.98	$223.05	$223.05	$223.05	$223.05	$223.05
Allowed Claims PMPM	$222.24	$381.36	$715.71	$715.71	$715.71	$267.08	$267.08	$267.08	$296.34	$296.34	$296.34	$296.34	$296.34	$296.34	$296.34	$296.34	$343.15	$343.15	$343.15	$343.15	$343.15
EHB portion of Allowed Claims, PMPM	$222.24	$381.36	$715.71	$715.71	$715.71	$267.08	$267.08	$267.08	$296.34	$296.34	$296.34	$296.34	$296.34	$296.34	$296.34	$296.34	$343.15	$343.15	$343.15	$343.15	$343.15

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Non-Marketplace Silver																				
Product ID:	14002TN037																				
Metal:	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Gold	Gold
AV Metal Value	0.719	0.717	0.709	0.681	0.717	0.682	0.717	0.716	0.682	0.699	0.684	0.704	0.703	0.690	0.711	0.720	0.719	0.688	0.717	0.819	0.790
AV Pricing Value	0.576	0.559	0.590	0.543	0.647	0.502	0.633	0.672	0.569	0.568	0.523	0.572	0.611	0.601	0.637	0.643	0.655	0.526	0.635	0.728	0.689
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	BlueCross Silver S15S	BlueCross Silver S18S	Blue Cross Silver S01P	Blue Cross Silver S02P	Blue Cross Silver S03P	Blue Cross Silver S04P	Blue Cross Silver S05P	Blue Cross Silver S06P	Blue Cross Silver S07P	Blue Cross Silver S08P	Blue Cross Silver S09P	Blue Cross Silver S10P	Blue Cross Silver S11P	Blue Cross Silver S12P	Blue Cross Silver S13P	Blue Cross Silver S14P	Blue Cross Silver S15P	Blue Cross Silver S16P	Blue Cross Silver S18P	BlueCross Gold G03S	BlueCross Gold G05S
Plan ID (Standard Component ID):	14002TN0370006	14002TN0370008	14002TN0370009	14002TN0370010	14002TN0370011	14002TN0370012	14002TN0370013	14002TN0370014	14002TN0370015	14002TN0370016	14002TN0370017	14002TN0370018	14002TN0370019	14002TN0370020	14002TN0370021	14002TN0370022	14002TN0370023	14002TN0370024	14002TN0370026	14002TN0380001	14002TN0380002
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2	0.00%																				
Historical Rate Increase - Calendar Year - 1	0.00%																				
Historical Rate Increase - Calendar Year 0	0.00%																				
Effective Date of Proposed Rates	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %	0.00%																				

Section II: Components of Premium Increase (PMPM D

Plan ID (Standard Component ID):	14002TN0370006	14002TN0370008	14002TN0370009	14002TN0370010	14002TN0370011	14002TN0370012	14002TN0370013	14002TN0370014	14002TN0370015	14002TN0370016	14002TN0370017	14002TN0370018	14002TN0370019	14002TN0370020	14002TN0370021	14002TN0370022	14002TN0370023	14002TN0370024	14002TN0370026	14002TN0380001	14002TN0380002
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	$314.21	$304.85	$321.56	$296.08	$352.60	$273.99	$345.15	$366.60	$310.12	$309.57	$285.21	$311.87	$333.05	$327.52	$347.13	$350.64	$357.17	$286.81	$346.52	$396.71	$375.56
Projected Member Months	6,315	6,315	5,650	5,650	5,650	5,650	5,650	5,650	5,650	5,650	5,650	5,650	5,650	5,650	5,650	5,650	5,650	5,650	5,650	2,219	2,219

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

:tion III: Experience Period Information

Plan ID (Standard Component ID):	14002TN0370006	14002TN0370008	14002TN0370009	14002TN0370010	14002TN0370011	14002TN0370012	14002TN0370013	14002TN0370014	14002TN0370015	14002TN0370016	14002TN0370017	14002TN0370018	14002TN0370019	14002TN0370020	14002TN0370021	14002TN0370022	14002TN0370023	14002TN0370024	14002TN0370026	14002TN0380001	14002TN0380002
Average Rate PMPM																					
Member Months																					
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]																					
state mandated benefits portion of TP that are other than EHB																					
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)																					
EHB basis or full portion of TAC, [see instructions]																					
state mandated benefits portion of TAC that are other than EHB																					
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:																					
Portion of above payable by HHS's funds on behalf of insured person, in dollars																					
Portion of above payable by HHS on behalf of insured person, as %																					
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein																					
Net Amt of Risk Adj																					
Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

:tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	14002TN0370006	14002TN0370008	14002TN0370009	14002TN0370010	14002TN0370011	14002TN0370012	14002TN0370013	14002TN0370014	14002TN0370015	14002TN0370016	14002TN0370017	14002TN0370018	14002TN0370019	14002TN0370020	14002TN0370021	14002TN0370022	14002TN0370023	14002TN0370024	14002TN0370026	14002TN0380001	14002TN0380002
Average Rate PMPM	$314.21	$304.85	$321.56	$296.08	$352.60	$273.99	$345.15	$366.60	$310.12	$309.57	$285.21	$311.87	$333.05	$327.52	$347.13	$350.64	$357.17	$286.81	$346.52	$396.71	$375.56
Member Months	6,315	6,315	5,650	5,650	5,650	5,650	5,650	5,650	5,650	5,650	5,650	5,650	5,650	5,650	5,650	5,650	5,650	5,650	5,650	2,219	2,219
Total Premium (TP)	$1,984,246	$1,925,123	$1,816,823	$1,672,846	$1,992,218	$1,548,046	$1,950,095	$2,071,295	$1,752,201	$1,749,058	$1,611,434	$1,762,061	$1,881,749	$1,850,486	$1,961,307	$1,981,116	$2,017,994	$1,620,457	$1,957,866	$880,309	$833,370
EHB basis or full portion of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$2,166,986	$2,166,986	$2,166,986	$2,166,986	$2,166,986	$2,166,986	$2,166,986	$2,166,986	$2,166,986	$2,166,986	$2,166,986	$2,166,986	$2,166,986	$2,166,986	$2,166,986	$2,166,986	$2,166,986	$2,166,986	$2,166,986	$809,336	$809,336
EHB basis or full portion of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	$758,445	$758,445	$758,445	$758,445	$758,445	$758,445	$758,445	$758,445	$758,445	$758,445	$758,445	$758,445	$758,445	$758,445	$758,445	$758,445	$758,445	$758,445	$758,445	$202,334	$202,334
Portion of above payable by HHS's funds on behalf of insured person, in dollars																					
insured person, as %																					
Total Incurred claims, payable with issuer funds	$1,408,541	$1,408,541	$1,408,541	$1,408,541	$1,408,541	$1,408,541	$1,408,541	$1,408,541	$1,408,541	$1,408,541	$1,408,541	$1,408,541	$1,408,541	$1,408,541	$1,408,541	$1,408,541	$1,408,541	$1,408,541	$1,408,541	$607,002	$607,002
Net Amt of Rein	$98,893	$98,893	$88,479	$88,479	$88,479	$88,479	$88,479	$88,479	$88,479	$88,479	$88,479	$88,479	$88,479	$88,479	$88,479	$88,479	$88,479	$88,479	$88,479	$34,750	$34,750
Net Amt of Risk Adj																					
Incurred Claims PMPM	$223.05	$223.05	$249.30	$249.30	$249.30	$249.30	$249.30	$249.30	$249.30	$249.30	$249.30	$249.30	$249.30	$249.30	$249.30	$249.30	$249.30	$249.30	$249.30	$273.55	$273.55
Allowed Claims PMPM	$343.15	$343.15	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$364.73	$364.73
EHB portion of Allowed Claims, PMPM	$343.15	$343.15	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$383.54	$364.73	$364.73

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Non-Marketplace Gold											Non-Marketplace Platinum					Iuti-State Plan Bron	Multi-State Silver			Multi-St
Product ID:	14002TN038											14002TN039					14002TN022	14002TN023			14002
Metal:	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Platinum	Platinum	Platinum	Platinum	Platinum	Bronze	Silver	Silver	Silver	Gold
AV Metal Value	0.798	0.781	0.818	0.819	0.811	0.790	0.791	0.798	0.781	0.786	0.797	0.894	0.882	0.913	0.883	0.894	0.618	0.684	0.703	0.690	0.781
AV Pricing Value	0.732	0.709	0.797	0.827	0.865	0.783	0.821	0.832	0.667	0.670	0.763	0.880	0.901	0.915	0.990	1.000	0.413	0.523	0.611	0.601	0.667
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	BlueCross Gold G07S	BlueCross Gold G01P	BlueCross Gold G02P	BlueCross Gold G03P	BlueCross Gold G04P	BlueCross Gold G05P	BlueCross Gold G06P	BlueCross Gold G07P	BlueCross Gold G08P	BlueCross Gold G10P	BlueCross Gold G11P	BlueCross Platinum P04S	BlueCross Platinum P01P	BlueCross Platinum P02P	BlueCross Platinum P03P	BlueCross Platinum P04P	BlueCross MSP Bronze B04P	BlueCross MSP Silver S09P	BlueCross MSP Silver S11P	BlueCross MSP Silver S12P	BlueCross MSP Gold G08P
Plan ID (Standard Component ID):	14002TN0380003	14002TN0380004	14002TN0380005	14002TN0380006	14002TN0380007	14002TN0380008	14002TN0380009	14002TN0380010	14002TN0380011	14002TN0380013	14002TN0380014	14002TN0390001	14002TN0390002	14002TN0390003	14002TN0390004	14002TN0390005	14002TN0220001	14002TN0230001	14002TN0230002	14002TN0230003	14002TN0300001
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	0.00%											0.00%					0.00%	0.00%			0.0
Historical Rate Increase - Calendar Year - 1	0.00%											0.00%					0.00%	0.00%			0.0
Historical Rate Increase - Calendar Year 0	0.00%											0.00%					0.00%	0.00%			0.0
Effective Date of Proposed Rates	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %	0.00%											0.00%					0.00%	0.00%			0.0

Section II: Components of Premium Increase (PMPM D

Plan ID (Standard Component ID):	14002TN0380003	14002TN0380004	14002TN0380005	14002TN0380006	14002TN0380007	14002TN0380008	14002TN0380009	14002TN0380010	14002TN0380011	14002TN0380013	14002TN0380014	14002TN0390001	14002TN0390002	14002TN0390003	14002TN0390004	14002TN0390005	14002TN0220001	14002TN0230001	14002TN0230002	14002TN0230003	14002TN0300001
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	$399.13	$386.84	$434.71	$450.95	$471.93	$426.90	$447.90	$453.69	$363.66	$365.57	$415.88	$479.72	$491.08	$499.20	$539.61	$545.30	$225.14	$285.21	$333.05	$327.52	$363.66
Projected Member Months	2,219	1,849	1,849	1,849	1,849	1,849	1,849	1,849	1,849	1,849	1,850	2,542	2,542	2,542	2,542	2,542	12,000	12,000	12,000	12,000	4,800

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

:tion III: Experience Period Information

Plan ID (Standard Component ID):	14002TN0380003	14002TN0380004	14002TN0380005	14002TN0380006	14002TN0380007	14002TN0380008	14002TN0380009	14002TN0380010	14002TN0380011	14002TN0380013	14002TN0380014	14002TN0390001	14002TN0390002	14002TN0390003	14002TN0390004	14002TN0390005	14002TN0220001	14002TN0230001	14002TN0230002	14002TN0230003	14002TN0300001
Average Rate PMPM																					
Member Months																					
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]																					
state mandated benefits portion of TP that are other than EHB																					
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)																					
EHB basis or full portion of TAC, [see instructions]																					
state mandated benefits portion of TAC that are other than EHB																					
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:																					
Portion of above payable by HHS's funds on behalf of insured person, in dollars																	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %																	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein																					
Net Amt of Risk Adj																					
Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

:tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	14002TN0380003	14002TN0380004	14002TN0380005	14002TN0380006	14002TN0380007	14002TN0380008	14002TN0380009	14002TN0380010	14002TN0380011	14002TN0380013	14002TN0380014	14002TN0390001	14002TN0390002	14002TN0390003	14002TN0390004	14002TN0390005	14002TN0220001	14002TN0230001	14002TN0230002	14002TN0230003	14002TN0300001
Average Rate PMPM	$399.13	$386.84	$434.71	$450.95	$471.93	$426.90	$447.90	$453.69	$363.66	$365.57	$415.88	$479.72	$491.08	$499.20	$539.61	$545.30	$225.14	$285.21	$333.05	$327.52	$363.66
Member Months	2,219	1,849	1,849	1,849	1,849	1,849	1,849	1,849	1,849	1,849	1,850	2,542	2,542	2,542	2,542	2,542	12,000	12,000	12,000	12,000	4,800
Total Premium (TP)	$885,665	$715,268	$803,785	$833,804	$872,591	$789,345	$828,163	$838,877	$672,404	$675,943	$769,374	$1,219,440	$1,248,332	$1,268,955	$1,371,685	$1,386,149	$2,701,710	$3,422,514	$3,996,636	$3,930,236	$1,745,560
EHB basis or full portion of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$809,336	$809,336	$809,336	$809,336	$809,336	$809,336	$809,336	$809,336	$809,336	$809,336	$809,336	$1,151,946	$1,151,946	$1,151,946	$1,151,946	$1,151,946	$3,694,899	$4,404,607	$4,404,607	$4,404,607	$1,894,885
EHB basis or full portion of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	$202,334	$202,334	$202,334	$202,334	$202,334	$202,334	$202,334	$202,334	$202,334	$202,334	$202,334	$172,792	$172,792	$172,792	$172,792	$172,792	$1,662,705	$1,541,612	$1,541,612	$1,541,612	$473,721
Portion of above payable by HHS's funds on behalf of insured person, in dollars																	$0	$0	$0	$0	$0
insured person, as %																	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$607,002	$607,002	$607,002	$607,002	$607,002	$607,002	$607,002	$607,002	$607,002	$607,002	$607,002	$979,154	$979,154	$979,154	$979,154	$979,154	$2,032,194	$2,862,995	$2,862,995	$2,862,995	$1,421,164
Net Amt of Rein	$34,750	$28,955	$28,955	$28,955	$28,955	$28,955	$28,955	$28,955	$28,955	$28,955	$28,971	$39,808	$39,808	$39,808	$39,808	$39,808	$187,920	$187,920	$187,920	$187,920	$75,168
Net Amt of Risk Adj																					
Incurred Claims PMPM	$273.55	$328.29	$328.29	$328.29	$328.29	$328.29	$328.29	$328.29	$328.29	$328.29	$328.11	$385.19	$385.19	$385.19	$385.19	$385.19	$169.35	$238.58	$238.58	$238.58	$296.08
Allowed Claims PMPM	$364.73	$437.72	$437.72	$437.72	$437.72	$437.72	$437.72	$437.72	$437.72	$437.72	$437.48	$453.17	$453.17	$453.17	$453.17	$453.17	$307.91	$367.05	$367.05	$367.05	$394.77
EHB portion of Allowed Claims, PMPM	$364.73	$437.72	$437.72	$437.72	$437.72	$437.72	$437.72	$437.72	$437.72	$437.72	$437.48	$453.17	$453.17	$453.17	$453.17	$453.17	$307.91	$367.05	$367.05	$367.05	$394.77

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	ate Gold	Terminated Product
Product ID:	TN030	14002TN011
Metal:	Gold	Catastrophic
AV Metal Value	0.797	0.000
AV Pricing Value	0.763	0.000
Plan Type:	PPO	PPO
Plan Name	BlueCross MSP Gold G11P	Terminated Products
Plan ID (Standard Component ID):	14002TN0300002	14002TN0110095
Exchange Plan?	Yes	No
Historical Rate Increase - Calendar Year - 2	0%	0.80%
Historical Rate Increase - Calendar Year - 1	0%	0.00%
Historical Rate Increase - Calendar Year 0	0%	0.00%
Effective Date of Proposed Rates	1/1/2014	1/1/2014
Rate Change % (over prior filing)	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	-100.00%
Product Threshold Rate Increase %	0%	#VALUE!

Section II: Components of Premium Increase (PMPM D

Plan ID (Standard Component ID):	14002TN0300002	14002TN0110095
Inpatient	$0.00	$0.00
Outpatient	$0.00	$0.00
Professional	$0.00	$0.00
Prescription Drug	$0.00	$0.00
Other	$0.00	$0.00
Capitation	$0.00	$0.00
Administration	$0.00	$0.00
Taxes & Fees	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00
Total Rate Increase	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00

Average Current Rate PMPM	$415.88	
Projected Member Months	4,800	

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

:tion III: Experience Period Information

Plan ID (Standard Component ID):	14002TN0300002	14002TN0110095
Average Rate PMPM		$185.70
Member Months		512,772
Total Premium (TP)	$0	$95,222,479
EHB basis or full portion of TP, [see instructions]		
state mandated benefits portion of TP that are other than EHB		
Other benefits portion of TP	100.00%	100.00%
Total Allowed Claims (TAC)		$108,747,114
EHB basis or full portion of TAC, [see instructions]		100.00%
state mandated benefits portion of TAC that are other than EHB		0.00%
Other benefits portion of TAC	100.00%	0.00%
Allowed Claims which are not the issuer's obligation:		$39,642,275
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	
Total Incurred claims, payable with issuer funds	$0	$69,104,839
Net Amt of Rein		
Net Amt of Risk Adj		

Incurred Claims PMPM	#DIV/0!	$134.77
Allowed Claims PMPM	#DIV/0!	$212.08
EHB portion of Allowed Claims, PMPM	#DIV/0!	$212.08

:tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	14002TN0300002	14002TN0110095
Average Rate PMPM	$415.88	$0.00
Member Months	4,800	-
Total Premium (TP)	$1,996,213	$0
EHB basis or full portion of TP, [see instructions]	100.00%	
state mandated benefits portion of TP that are other than EHB	0.00%	
Other benefits portion of TP	0.00%	100.00%
Total Allowed Claims (TAC)	$1,894,885	
EHB basis or full portion of TAC, [see instructions]	100.00%	
state mandated benefits portion of TAC that are other than EHB	0.00%	
Other benefits portion of TAC	0.00%	100.00%
Allowed Claims which are not the issuer's obligation	$473,721	
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	
insured person, as %	0.00%	
Total Incurred claims, payable with issuer funds	$1,421,164	$0
Net Amt of Rein	$75,168	
Net Amt of Risk Adj		

Incurred Claims PMPM	$296.08	#DIV/0!
Allowed Claims PMPM	$394.77	#DIV/0!
EHB portion of Allowed Claims, PMPM	$394.77	#DIV/0!

Business Rules Template v1.5

To validate the template, press Validate button or Ctrl + Shift + V. To finalize the template, press Finalize button or Ctrl + Shift + F.

Enter the Issuer Rule on the first row (no Product ID or Plan ID).

For each Product rule, enter only the Product ID and the business rules that differ from the Issuer Rule.

For each Plan rule, enter only the Plan ID and the business rules that differ from the Product or Issuer Rule

HIOS Issuer ID*	14002
TIN*	62-0427913

Product ID	Plan ID (Standard Component)	How are rates for contracts covering two or more enrollees calculated?	What are the maximum number of under age (under 21) dependents used to quote a two parent family?	What are the maximum number of under age (under 21) dependents used to quote a single parent family?	Is there a maximum age for a dependent?	What are the maximum number of children used to quote a children-only contract?	Are domestic partners treated the same as secondary subscribers?	Are same-sex partners treated the same as secondary subscribers?	How is age determined for rating and eligibility purposes?	How is tobacco status determined for subscribers and dependents?	What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?
		A different rate (specifically for parties of two or more)for each enrollee is added together	3 or more	3 or more	Not Applicable	1	No	No	Age on effective date	12	Spouse,No;Adopted Child,No;Stepson or Stepdaughter,No;Self,No;Child,No; Court Appointed Guardian,No
	14002TN0180001	A different rate (specifically for parties of two or more)for each enrollee is added together	3 or more	3 or more	Not Applicable	1	No	No	Age on effective date	Not Applicable	Spouse,No;Adopted Child,No;Stepson or Stepdaughter,No;Self,No;Child,No; Court Appointed Guardian,No
	14002TN0180002	A different rate (specifically for parties of two or more)for each enrollee is added together	3 or more	3 or more	Not Applicable	1	No	No	Age on effective date	Not Applicable	Spouse,No;Adopted Child,No;Stepson or Stepdaughter,No;Self,No;Child,No; Court Appointed Guardian,No

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0320001	BlueCross Bronze B01S	14002TN032		TNN001	TNS001	TNF005	New	PPO	Bronze	Yes	Both	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0320005	BlueCross Bronze B01E	14002TN032		TNN003	TNS002	TNF005	New	PPO	Bronze	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0360003	BlueCross Bronze B01P	14002TN036		TNN002	TNS001	TNF005	New	PPO	Bronze	Yes	Off the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0320001-00	BlueCross Bronze B01S	Bronze	Standard Bronze Off Exchange	61.58%	61.58%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320001-01		Bronze	Standard Bronze On Exchange	61.58%	61.58%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320001-02		Bronze	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0320001-03		Bronze	Limited Cost Sharing Plan Var	61.58%	61.58%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320005-01	BlueCross Bronze B01E	Bronze	Standard Bronze On Exchange	61.58%	61.58%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320005-02		Bronze	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0320005-03		Bronze	Limited Cost Sharing Plan Var	61.58%	61.58%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0360003-00	BlueCross Bronze B01P	Bronze	Standard Bronze Off Exchange	61.58%	61.58%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$2,500	$5,000	50%				$5,000	$10,000	$7,500	$15,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$2,500 $0	$5,000 $0	50% 0%				$5,000 $0	$10,000 $0	$7,500 $0	$15,000 $0	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%
																		$2,500	$5,000	50%				$5,000	$10,000	$7,500	$15,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$2,500 $0	$5,000 $0	50% 0%				$5,000 $0	$10,000 $0	$7,500 $0	$15,000 $0	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%
																		$2,500	$5,000	50%				$5,000	$10,000	$7,500	$15,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$2,500	$5,000	50%				$5,000	$10,000	$7,500	$15,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
0%	$0	No Charge		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0	
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
0%	$0	No Charge		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0	
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	$0
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	$0
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible

Rehabilitative Speech Therapy				
Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible	
$0		$0	0%	
No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible	
$0		$0	0%	
No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
0%	$0	No Charge		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
0%	$0	No Charge		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
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Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							*Plan Attributes*																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0320002	BlueCross Bronze B02S	14002TN032		TNN001	TNS001	TNF005	New	PPO	Bronze	Yes	Both	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0320006	BlueCross Bronze B02E	14002TN032		TNN003	TNS002	TNF005	New	PPO	Bronze	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0360004	BlueCross Bronze B02P	14002TN036		TNN002	TNS001	TNF005	New	PPO	Bronze	Yes	Off the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			*General Information*								*Deductible and Out of Pocket Exceptions*			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0320002-00	BlueCross Bronze B02S	Bronze	Standard Bronze Off Exchange	59.31%	59.31%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320002-01		Bronze	Standard Bronze On Exchange	59.31%	59.31%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320002-02		Bronze	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0320002-03		Bronze	Limited Cost Sharing Plan Var	59.31%	59.31%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320006-01	BlueCross Bronze B02E	Bronze	Standard Bronze On Exchange	59.31%	59.31%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320006-02		Bronze	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0320006-03		Bronze	Limited Cost Sharing Plan Var	59.31%	59.31%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0360004-00	BlueCross Bronze B02P	Bronze	Standard Bronze Off Exchange	59.31%	59.31%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$4,000	$8,000	50%				$8,000	$16,000	$12,000	$24,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$4,000 $0	$8,000 $0	50% 0%				$8,000 $0	$16,000 $0	$12,000 $0	$24,000 $0	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%
																		$4,000	$8,000	50%				$8,000	$16,000	$12,000	$24,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$4,000 $0	$8,000 $0	50% 0%				$8,000 $0	$16,000 $0	$12,000 $0	$24,000 $0	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%
																		$4,000	$8,000	50%				$8,000	$16,000	$12,000	$24,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$4,000	$8,000	50%				$8,000	$16,000	$12,000	$24,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
0%	$0	No Charge		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0	
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
0%	$0	No Charge		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0	
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	$0
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	$0
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible

Rehabilitative Speech Therapy				
Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible	
$0		$0	0%	
No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible	
$0		$0	0%	
No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
0%	$0	No Charge		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
0%	$0	No Charge		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible
	50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible
	50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0320003	BlueCross Bronze B03S	14002TN032		TNN001	TNS001	TNF009	New	PPO	Bronze	Yes	Both	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0320007	BlueCross Bronze B03E	14002TN032		TNN003	TNS002	TNF009	New	PPO	Bronze	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0360005	BlueCross Bronze B03P	14002TN036		TNN002	TNS001	TNF009	New	PPO	Bronze	Yes	Off the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0320003-00	BlueCross Bronze B03S	Bronze	Standard Bronze Off Exchange	61.51%	61.51%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320003-01		Bronze	Standard Bronze On Exchange	61.51%	61.51%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320003-02		Bronze	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0320003-03		Bronze	Limited Cost Sharing Plan Var	61.51%	61.51%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320007-01	BlueCross Bronze B03E	Bronze	Standard Bronze On Exchange	61.51%	61.51%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320007-02		Bronze	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0320007-03		Bronze	Limited Cost Sharing Plan Var	61.51%	61.51%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0360005-00	BlueCross Bronze B03P	Bronze	Standard Bronze Off Exchange	61.51%	61.51%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$4,000 $0	$8,000 $0	20% 0%				$8,000 $0	$16,000 $0	$12,000 $0	$24,000 $0	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%
																		$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$4,000 $0	$8,000 $0	20% 0%				$8,000 $0	$16,000 $0	$12,000 $0	$24,000 $0	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%
																		$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%		
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		
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20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	$0	$0	No Charge	$0	0%	40% 0%	$0	$0	No Charge	$0	0%	40% 0%	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	$0	$0	No Charge	$0	0%	40% 0%	$0	$0	No Charge	$0	0%	40% 0%	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible
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No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child		
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		20% Coinsurance after deductible	No Charge		No Charge		50% Coinsurance after deductible	No Charge		No Charge		20% Coinsurance after deductible	No Charge		No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		20% Coinsurance after deductible	No Charge		No Charge		50% Coinsurance after deductible	No Charge		No Charge		20% Coinsurance after deductible	No Charge		No Charge		50% Coinsurance after deductible	No Charge		No Charge
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	50% Coinsurance after deductible	No Charge		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		20% Coinsurance after deductible	No Charge		No Charge		50% Coinsurance after deductible	No Charge		No Charge		20% Coinsurance after deductible	No Charge		No Charge		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
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No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							*Plan Attributes*																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0320004	BlueCross Bronze B04S	14002TN032		TNN001	TNS001	TNF010	New	PPO	Bronze	Yes	Both	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0320008	BlueCross Bronze B04E	14002TN032		TNN003	TNS002	TNF010	New	PPO	Bronze	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0360006	BlueCross Bronze B04P	14002TN036		TNN002	TNS001	TNF010	New	PPO	Bronze	Yes	Off the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0220001	BlueCross MSP Bronze B04P	14002TN022		TNN002	TNS001	TNF010	New	PPO	Bronze	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			*General Information*								*Deductible and Out of Pocket Exceptions*			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard Worldwide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1276	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0320004-00	BlueCross Bronze B04S	Bronze	Standard Bronze Off Exchange	61.80%	61.80%	Yes	Yes	No	100%																										$5,300	$10,600			$15,900	$31,800	$21,200	$42,400
14002TN0320004-01		Bronze	Standard Bronze On Exchange	61.80%	61.80%	Yes	Yes	No	100%																										$5,300	$10,600			$15,900	$31,800	$21,200	$42,400
14002TN0320004-02		Bronze	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0320004-03		Bronze	Limited Cost Sharing Plan Var	61.80%	61.80%	Yes	Yes	No	100%																										$5,300	$10,600			$15,900	$31,800	$21,200	$42,400
14002TN0320008-01	BlueCross Bronze B04E	Bronze	Standard Bronze On Exchange	61.80%	61.80%	Yes	Yes	No	100%																										$5,300	$10,600			$15,900	$31,800	$21,200	$42,400
14002TN0320008-02		Bronze	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0320008-03		Bronze	Limited Cost Sharing Plan Var	61.80%	61.80%	Yes	Yes	No	100%																										$5,300	$10,600			$15,900	$31,800	$21,200	$42,400
14002TN0360006-00	BlueCross Bronze B04P	Bronze	Standard Bronze Off Exchange	61.80%	61.80%	Yes	Yes	No	100%																										$5,300	$10,600			$15,900	$31,800	$21,200	$42,400
14002TN0220001-01	BlueCross MSP Bronze B	Bronze	Standard Bronze On Exchange	61.80%	61.80%	Yes	Yes	No	100%																										$5,300	$10,600			$15,900	$31,800	$21,200	$42,400
14002TN0220001-02		Bronze	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0220001-03		Bronze	Limited Cost Sharing Plan Var	61.80%	61.80%	Yes	Yes	No	100%																										$5,300	$10,600			$15,900	$31,800	$21,200	$42,400

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$5,300	$10,600	0%				$10,600	$21,200	$15,900	$31,800	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$5,300	$10,600	0%				$10,600	$21,200	$15,900	$31,800	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$5,300	$10,600	0%				$10,600	$21,200	$15,900	$31,800	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$5,300	$10,600	0%				$10,600	$21,200	$15,900	$31,800	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$5,300	$10,600	0%				$10,600	$21,200	$15,900	$31,800	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$5,300	$10,600	0%				$10,600	$21,200	$15,900	$31,800	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$5,300	$10,600	0%				$10,600	$21,200	$15,900	$31,800	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$5,300	$10,600	0%				$10,600	$21,200	$15,900	$31,800	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible		No Charge		0% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible		No Charge		0% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge
	0%	$0	$0	0%	0%	0%		0%	$0		$0			0%	$0		$0			0%	$0		$0			0%	$0		$0			0%	$0		$0			0%	$0		$0			0%	$0		$0
	50% Coinsurance after deductible		No Charge		0% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible		No Charge		0% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge
	0%	$0	$0	0%	0%	0%		0%	$0		$0			0%	$0		$0			0%	$0		$0			0%	$0		$0			0%	$0		$0			0%	$0		$0			0%	$0		$0
	50% Coinsurance after deductible		No Charge		0% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible		No Charge		0% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge
	0%	$0	$0	0%	0%	0%		0%	$0		$0			0%	$0		$0			0%	$0		$0			0%	$0		$0			0%	$0		$0			0%	$0		$0			0%	$0		$0
	50% Coinsurance after deductible		No Charge		0% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible		No Charge		0% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge
	0%	$0	$0	0%	0%	0%		0%	$0		$0			0%	$0		$0			0%	$0		$0			0%	$0		$0			0%	$0		$0			0%	$0		$0			0%	$0		$0
	50% Coinsurance after deductible		No Charge		0% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible		No Charge			50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	$0	0%	0%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%
	No Charge	$0	0%	0%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%
	No Charge	$0	0%	0%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%
	No Charge	$0	0%	0%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%
	No Charge	$0	0%	0%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%
	No Charge	$0	0%	0%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
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No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	20%	0%	No Charge	$0	No Charge	$0	0%	0%
	0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		20% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge				No Charge		No Charge				No Charge		No Charge		20%		No Charge		No Charge			

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							*Plan Attributes*																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0360001	BlueCross Bronze B05S	14002TN036		TNN001	TNS001	TNF010	New	PPO	Bronze	Yes	Off the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0360007	BlueCross Bronze B05P	14002TN036		TNN002	TNS001	TNF010	New	PPO	Bronze	Yes	Off the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			*General Information*								*Deductible and Out of Pocket Exceptions*			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0360001-00	BlueCross Bronze B05S	Bronze	Standard Bronze Off Exchange	58.34%	58.34%	Yes	Yes	No	100%																												$6,250	$12,500			$18,750	$37,500	$25,000	$50,000
14002TN0360007-00	BlueCross Bronze B05P	Bronze	Standard Bronze Off Exchange	58.34%	58.34%	Yes	Yes	No	100%																												$6,250	$12,500			$18,750	$37,500	$25,000	$50,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network			Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$6,250	$12,500	0%				$12,500	$25,000	$18,750	$37,500	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$6,250	$12,500	0%				$12,500	$25,000	$18,750	$37,500	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0360002	BlueCross Bronze B06S	14002TN036		TNN001	TNS001	TNF013	New	PPO	Bronze	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0360008	BlueCross Bronze B06P	14002TN036		TNN002	TNS001	TNF013	New	PPO	Bronze	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0360002-00	BlueCross Bronze B06S	Bronze	Standard Bronze Off Exchange	58.66%	58.66%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0360008-00	BlueCross Bronze B06P	Bronze	Standard Bronze Off Exchange	58.66%	58.66%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible								Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network			In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$6,350	$12,700	0%				$12,700	$25,400	$19,050	$38,100	$0	$0	0%				$0	$0	$0	$0											No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
$6,350	$12,700	0%				$12,700	$25,400	$19,050	$38,100	$0	$0	0%				$0	$0	$0	$0											No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible			
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$75		No Charge	No Charge		50% Coinsurance after deductible	$250
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$75		No Charge	No Charge		50% Coinsurance after deductible	$250

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$500		No Charge	No Charge		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$500		No Charge	No Charge		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0330001	BlueCross Silver S01S	14002TN033		TNN001	TNS001	TNF005	New	PPO	Silver	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0330011	BlueCross Silver S01E	14002TN033		TNN003	TNS002	TNF005	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370009	BlueCross Silver S01P	14002TN037		TNN002	TNS001	TNF005	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0330001-00	BlueCross Silver S01S	Silver	Standard Silver Off Exchange I	70.93%	70.93%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330001-01		Silver	Standard Silver On Exchange I	70.93%	70.93%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330001-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330001-03		Silver	Limited Cost Sharing Plan Var	70.93%	70.93%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330001-04		Silver	73% AV Level Silver Plan	72.94%	72.94%	Yes	Yes	No	100%																										$5,200	$10,400			$19,050	$38,100	$24,250	$48,500
14002TN0330001-05		Silver	87% AV Level Silver Plan	86.12%	86.12%	Yes	Yes	No	100%																										$1,450	$2,900			$19,050	$38,100	$20,500	$41,000
14002TN0330001-06		Silver	94% AV Level Silver Plan	93.37%	93.37%	Yes	Yes	No	100%																										$550	$1,100			$19,050	$38,100	$19,600	$39,200
14002TN0330011-01	BlueCross Silver S01E	Silver	Standard Silver On Exchange I	70.93%	70.93%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330011-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330011-03		Silver	Limited Cost Sharing Plan Var	70.93%	70.93%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330011-04		Silver	73% AV Level Silver Plan	72.94%	72.94%	Yes	Yes	No	100%																										$5,200	$10,400			$19,050	$38,100	$24,250	$48,500
14002TN0330011-05		Silver	87% AV Level Silver Plan	86.12%	86.12%	Yes	Yes	No	100%																										$1,450	$2,900			$19,050	$38,100	$20,500	$41,000
14002TN0330011-06		Silver	94% AV Level Silver Plan	93.37%	93.37%	Yes	Yes	No	100%																										$550	$1,100			$19,050	$38,100	$19,600	$39,200
14002TN0370009-00	BlueCross Silver S01P	Silver	Standard Silver Off Exchange I	70.93%	70.93%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	0%		$0			0%			$0			0%			$0			0%			$0			0%			$0			0%			$0			0%			$0	
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	0%		$0			0%			$0			0%			$0			0%			$0			0%			$0			0%			$0			0%			$0	
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
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Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
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Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	
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	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
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50% Coinsurance after deductible	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	20%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%
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50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	20%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge		No Charge	50%
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50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
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	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
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No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
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	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
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	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
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	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							*Plan Attributes*																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0330002	BlueCross Silver S02S	14002TN033		TNN001	TNS001	TNF002	New	PPO	Silver	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0330012	BlueCross Silver S02E	14002TN033		TNN003	TNS002	TNF002	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370010	BlueCross Silver S02P	14002TN037		TNN002	TNS001	TNF002	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			*General Information*								*Deductible and Out of Pocket Exceptions*			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							No	No	No	No
Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Specialty Drugs	Yes		Covered	No							No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0330002-00	BlueCross Silver S02S	Silver	Standard Silver Off Exchange I	68.10%	68.10%	Yes	Yes	No	100%																										$6,250	$12,500			$18,750	$37,500	$25,000	$50,000
14002TN0330002-01		Silver	Standard Silver On Exchange I	68.10%	68.10%	Yes	Yes	No	100%																										$6,250	$12,500			$18,750	$37,500	$25,000	$50,000
14002TN0330002-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330002-03		Silver	Limited Cost Sharing Plan Var	68.10%	68.10%	Yes	Yes	No	100%																										$6,250	$12,500			$18,750	$37,500	$25,000	$50,000
14002TN0330002-04		Silver	73% AV Level Silver Plan	72.13%	72.13%	Yes	Yes	No	100%																										$4,400	$8,800			$18,750	$37,500	$23,150	$46,300
14002TN0330002-05		Silver	87% AV Level Silver Plan	86.46%	86.46%	Yes	Yes	No	100%																										$1,500	$3,000			$18,750	$37,500	$20,250	$40,500
14002TN0330002-06		Silver	94% AV Level Silver Plan	93.19%	93.19%	Yes	Yes	No	100%																										$600	$1,200			$18,750	$37,500	$19,350	$38,700
14002TN0330012-01	BlueCross Silver S02E	Silver	Standard Silver On Exchange I	68.10%	68.10%	Yes	Yes	No	100%																										$6,250	$12,500			$18,750	$37,500	$25,000	$50,000
14002TN0330012-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330012-03		Silver	Limited Cost Sharing Plan Var	68.10%	68.10%	Yes	Yes	No	100%																										$6,250	$12,500			$18,750	$37,500	$25,000	$50,000
14002TN0330012-04		Silver	73% AV Level Silver Plan	72.13%	72.13%	Yes	Yes	No	100%																										$4,400	$8,800			$18,750	$37,500	$23,150	$46,300
14002TN0330012-05		Silver	87% AV Level Silver Plan	86.46%	86.46%	Yes	Yes	No	100%																										$1,500	$3,000			$18,750	$37,500	$20,250	$40,500
14002TN0330012-06		Silver	94% AV Level Silver Plan	93.19%	93.19%	Yes	Yes	No	100%																										$600	$1,200			$18,750	$37,500	$19,350	$38,700
14002TN0370010-00	BlueCross Silver S02P	Silver	Standard Silver Off Exchange I	68.10%	68.10%	Yes	Yes	No	100%																										$6,250	$12,500			$18,750	$37,500	$25,000	$50,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$1,000	$2,000	50%				$2,000	$4,000	$3,000	$6,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$1,000	$2,000	50%				$2,000	$4,000	$3,000	$6,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$1,000	$2,000	50%				$2,000	$4,000	$3,000	$6,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$1,000	$2,000	50%				$2,000	$4,000	$3,000	$6,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$1,000	$2,000	50%				$2,000	$4,000	$3,000	$6,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$1,000	$2,000	50%				$2,000	$4,000	$3,000	$6,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$1,000	$2,000	50%				$2,000	$4,000	$3,000	$6,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$1,000	$2,000	50%				$2,000	$4,000	$3,000	$6,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	0%		$0			0%			$0			0%			$0			0%			$0			0%			$0			0%			$0			0%			$0	
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	0%		$0			0%			$0			0%			$0			0%			$0			0%			$0			0%			$0			0%			$0	
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
	50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible										50% Coinsurance after deductible		50% Coinsurance after deductible	
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No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge
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No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge
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Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	50%		50% Coinsurance after deductible	No Charge		No Charge	50%		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
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	No Charge	50%	$0	0% 50% Coinsurance after deductible	No Charge		No Charge	50%	$0	0% 100%	No Charge		No Charge	50% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible
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Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	
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	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes															
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0370001	BlueCross Silver S03S	14002TN037		TNN001	TNS001	TNF002	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370011	BlueCross Silver S03P	14002TN037		TNN002	TNS001	TNF002	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0370001-00	BlueCross Silver S03S	Silver	Standard Silver Off Exchange I	71.71%	71.71%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0370011-00	BlueCross Silver S03P	Silver	Standard Silver Off Exchange I	71.71%	71.71%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$1,000	$2,000	50%				$2,000	$4,000	$3,000	$6,000	$0	$0	50%				$0	$0	$0	$0											$60		No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		50% Coinsurance after deductible	$60		No Charge	No Charge
$1,000	$2,000	50%				$2,000	$4,000	$3,000	$6,000	$0	$0	50%				$0	$0	$0	$0											$60		No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		50% Coinsurance after deductible	$60		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$60		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$60		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$60		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$60		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$60		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$60		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$60		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$60		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$60		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$60		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	50%		50% Coinsurance after deductible	No Charge		No Charge	50%		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	50%		50% Coinsurance after deductible	No Charge		No Charge	50%		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0330003	BlueCross Silver S04S	14002TN033		TNN001	TNS001	TNF005	New	PPO	Silver	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0330013	BlueCross Silver S04E	14002TN033		TNN003	TNS002	TNF005	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370012	BlueCross Silver S04P	14002TN037		TNN002	TNS001	TNF005	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
Cost Sharing Reduction Information											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0330003-00	BlueCross Silver S04S	Silver	Standard Silver Off Exchange I	68.16%	68.16%	Yes	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0330003-01		Silver	Standard Silver On Exchange I	68.16%	68.16%	Yes	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0330003-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330003-03		Silver	Limited Cost Sharing Plan Var	68.16%	68.16%	Yes	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0330003-04		Silver	73% AV Level Silver Plan	72.05%	72.05%	Yes	Yes	No	100%																										$3,650	$7,300			$12,000	$24,000	$15,650	$31,300
14002TN0330003-05		Silver	87% AV Level Silver Plan	86.12%	86.12%	Yes	Yes	No	100%																										$1,450	$2,900			$12,000	$24,000	$13,450	$26,900
14002TN0330003-06		Silver	94% AV Level Silver Plan	93.37%	93.37%	Yes	Yes	No	100%																										$550	$1,100			$12,000	$24,000	$12,550	$25,100
14002TN0330013-01	BlueCross Silver S04E	Silver	Standard Silver On Exchange I	68.16%	68.16%	Yes	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0330013-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330013-03		Silver	Limited Cost Sharing Plan Var	68.16%	68.16%	Yes	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0330013-04		Silver	73% AV Level Silver Plan	72.05%	72.05%	Yes	Yes	No	100%																										$3,650	$7,300			$12,000	$24,000	$15,650	$31,300
14002TN0330013-05		Silver	87% AV Level Silver Plan	86.12%	86.12%	Yes	Yes	No	100%																										$1,450	$2,900			$12,000	$24,000	$13,450	$26,900
14002TN0330013-06		Silver	94% AV Level Silver Plan	93.37%	93.37%	Yes	Yes	No	100%																										$550	$1,100			$12,000	$24,000	$12,550	$25,100
14002TN0370012-00	BlueCross Silver S04P	Silver	Standard Silver Off Exchange I	68.16%	68.16%	Yes	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																														50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible
																		$2,000	$4,000	50%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$2,000	$4,000	50%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0	0%
																		$2,000	$4,000	50%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$1,000	$2,000	50%				$4,000	$8,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$2,000	$4,000	50%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0	0%
																		$2,000	$4,000	50%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$1,000	$2,000	50%				$4,000	$8,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$2,000	$4,000	50%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	0%		$0			0%			$0			0%			$0			0%			$0			0%			$0			0%			$0			0%			$0	
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	0%		$0			0%			$0			0%			$0			0%			$0			0%			$0			0%			$0			0%			$0	
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
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Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
		50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		100%				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible
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Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	
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$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
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	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	20%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	20%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%
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50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
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50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0370002	BlueCross Silver S05S	14002TN037		TNN001	TNS001	TNF002	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370013	BlueCross Silver S05P	14002TN037		TNN002	TNS001	TNF002	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0370002-00	BlueCross Silver S05S	Silver	Standard Silver Off Exchange I	71.69%	71.69%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0370013-00	BlueCross Silver S05P	Silver	Standard Silver Off Exchange I	71.69%	71.69%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible										Drug EHB Deductible										Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$2,000	$4,000	50%				$4,000	$8,000	$6,000	$12,000	$0	$0	50%				$0	$0	$0	$0											$40		No Charge	No Charge		50% Coinsurance after deductible	$70		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge
$2,000	$4,000	50%				$4,000	$8,000	$6,000	$12,000	$0	$0	50%				$0	$0	$0	$0											$40		No Charge	No Charge		50% Coinsurance after deductible	$70		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	50%		50% Coinsurance after deductible	No Charge		No Charge	50%		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	50%		50% Coinsurance after deductible	No Charge		No Charge	50%		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0370003	BlueCross Silver S06S	14002TN037		TNN001	TNS001	TNF011	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370014	BlueCross Silver S06P	14002TN037		TNN002	TNS001	TNF011	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0370003-00	BlueCross Silver S06S	Silver	Standard Silver Off Exchange I	71.65%	71.65%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0370014-00	BlueCross Silver S06P	Silver	Standard Silver Off Exchange I	71.65%	71.65%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible								Combined Medical and Drug EHB Deductible								Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$2,000	$4,000	50%				$4,000	$8,000	$6,000	$12,000	$0	$0	50%				$0	$0	$0	$0											$55		No Charge	No Charge		50% Coinsurance after deductible	$95		No Charge	No Charge		50% Coinsurance after deductible	$55		No Charge	No Charge
$2,000	$4,000	50%				$4,000	$8,000	$6,000	$12,000	$0	$0	50%				$0	$0	$0	$0											$55		No Charge	No Charge		50% Coinsurance after deductible	$95		No Charge	No Charge		50% Coinsurance after deductible	$55		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$55		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$55		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$55		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$55		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$55		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$55		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$55		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$55		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$55		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$55		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0330004	BlueCross Silver S07S	14002TN033		TNN001	TNS001	TNF007	New	PPO	Silver	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0330014	BlueCross Silver S07E	14002TN033		TNN003	TNS002	TNF007	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370015	BlueCross Silver S07P	14002TN037		TNN002	TNS001	TNF007	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0330004-00	BlueCross Silver S07S	Silver	Standard Silver Off Exchange I	68.24%	68.24%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330004-01		Silver	Standard Silver On Exchange I	68.24%	68.24%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330004-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330004-03		Silver	Limited Cost Sharing Plan Var	68.24%	68.24%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330004-04		Silver	73% AV Level Silver Plan	72.03%	72.03%	Yes	Yes	No	100%																										$3,950	$7,900			$19,050	$38,100	$23,000	$46,000
14002TN0330004-05		Silver	87% AV Level Silver Plan	86.34%	86.34%	Yes	Yes	No	100%																										$2,000	$4,000			$19,050	$38,100	$21,050	$42,100
14002TN0330004-06		Silver	94% AV Level Silver Plan	93.22%	93.22%	Yes	Yes	No	100%																										$650	$1,300			$19,050	$38,100	$19,700	$39,400
14002TN0330014-01	BlueCross Silver S07E	Silver	Standard Silver On Exchange I	68.24%	68.24%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330014-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330014-03		Silver	Limited Cost Sharing Plan Var	68.24%	68.24%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330014-04		Silver	73% AV Level Silver Plan	72.03%	72.03%	Yes	Yes	No	100%																										$3,950	$7,900			$19,050	$38,100	$23,000	$46,000
14002TN0330014-05		Silver	87% AV Level Silver Plan	86.34%	86.34%	Yes	Yes	No	100%																										$2,000	$4,000			$19,050	$38,100	$21,050	$42,100
14002TN0330014-06		Silver	94% AV Level Silver Plan	93.22%	93.22%	Yes	Yes	No	100%																										$650	$1,300			$19,050	$38,100	$19,700	$39,400
14002TN0370015-00	BlueCross Silver S07P	Silver	Standard Silver Off Exchange I	68.24%	68.24%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$1,500	$3,000	30%				$3,000	$6,000	$4,500	$9,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$1,500	$3,000	30%				$3,000	$6,000	$4,500	$9,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$1,500	$3,000	30%				$3,000	$6,000	$4,500	$9,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$1,500	$3,000	30%				$3,000	$6,000	$4,500	$9,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$0	$0	30%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$0	$0	30%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$1,500	$3,000	30%				$3,000	$6,000	$4,500	$9,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$1,500	$3,000	30%				$3,000	$6,000	$4,500	$9,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$1,500	$3,000	30%				$3,000	$6,000	$4,500	$9,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$0	$0	30%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$0	$0	30%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$1,500	$3,000	30%				$3,000	$6,000	$4,500	$9,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			30% Coinsurance after deductible		50% Coinsurance after deductible				30% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible				30% Coinsurance after deductible		50% Coinsurance after deductible				30% Coinsurance after deductible		50% Coinsurance after deductible				30% Coinsurance after deductible		50% Coinsurance after deductible			
	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0	$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible			30% Coinsurance after deductible		50% Coinsurance after deductible				30% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible				30% Coinsurance after deductible		50% Coinsurance after deductible				30% Coinsurance after deductible		50% Coinsurance after deductible				30% Coinsurance after deductible		50% Coinsurance after deductible			
	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
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Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
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All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
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No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
		30% Coinsurance after deductible		50% Coinsurance after deductible				30% Coinsurance after deductible						30% Coinsurance after deductible		50% Coinsurance after deductible				30% Coinsurance after deductible		50% Coinsurance after deductible				30% Coinsurance after deductible		50% Coinsurance after deductible				30% Coinsurance after deductible		50% Coinsurance after deductible				30% Coinsurance after deductible		50% Coinsurance after deductible
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	No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		30% Coinsurance after deductible		100%		No Charge		30% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		30% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		30% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		30% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		30% Coinsurance after deductible		50% Coinsurance after deductible
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Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible	
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	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge			No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
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	30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after
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	30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after
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	30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after
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	30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after
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	30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after
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	30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0330005	BlueCross Silver S08S	14002TN033		TNN001	TNS001	TNF009	New	PPO	Silver	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0330015	BlueCross Silver S08E	14002TN033		TNN003	TNS002	TNF009	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370016	BlueCross Silver S08P	14002TN037		TNN002	TNS001	TNF009	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0330005-00	BlueCross Silver S08S	Silver	Standard Silver Off Exchange I	69.89%	69.89%	Yes	Yes	No	100%																												$5,000	$10,000			$15,000	$30,000	$20,000	$40,000
14002TN0330005-01		Silver	Standard Silver On Exchange I	69.89%	69.89%	Yes	Yes	No	100%																												$5,000	$10,000			$15,000	$30,000	$20,000	$40,000
14002TN0330005-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																												$0	$0			$0	$0	$0	$0
14002TN0330005-03		Silver	Limited Cost Sharing Plan Var	69.89%	69.89%	Yes	Yes	No	100%																												$5,000	$10,000			$15,000	$30,000	$20,000	$40,000
14002TN0330005-04		Silver	73% AV Level Silver Plan	72.01%	72.01%	Yes	Yes	No	100%																												$3,650	$7,300			$15,000	$30,000	$18,650	$37,300
14002TN0330005-05		Silver	87% AV Level Silver Plan	86.25%	86.25%	Yes	Yes	No	100%																												$2,000	$4,000			$15,000	$30,000	$17,000	$34,000
14002TN0330005-06		Silver	94% AV Level Silver Plan	93.17%	93.17%	Yes	Yes	No	100%																												$800	$1,600			$15,000	$30,000	$15,800	$31,600
14002TN0330015-01	BlueCross Silver S08E	Silver	Standard Silver On Exchange I	69.89%	69.89%	Yes	Yes	No	100%																												$5,000	$10,000			$15,000	$30,000	$20,000	$40,000
14002TN0330015-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																												$0	$0			$0	$0	$0	$0
14002TN0330015-03		Silver	Limited Cost Sharing Plan Var	69.89%	69.89%	Yes	Yes	No	100%																												$5,000	$10,000			$15,000	$30,000	$20,000	$40,000
14002TN0330015-04		Silver	73% AV Level Silver Plan	72.01%	72.01%	Yes	Yes	No	100%																												$3,650	$7,300			$15,000	$30,000	$18,650	$37,300
14002TN0330015-05		Silver	87% AV Level Silver Plan	86.25%	86.25%	Yes	Yes	No	100%																												$2,000	$4,000			$15,000	$30,000	$17,000	$34,000
14002TN0330015-06		Silver	94% AV Level Silver Plan	93.17%	93.17%	Yes	Yes	No	100%																												$800	$1,600			$15,000	$30,000	$15,800	$31,600
14002TN0370016-00	BlueCross Silver S08P	Silver	Standard Silver Off Exchange I	69.89%	69.89%	Yes	Yes	No	100%																												$5,000	$10,000			$15,000	$30,000	$20,000	$40,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$2,000	$4,000	20%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$2,000 $0	$4,000 $0	20% 0%				$4,000 $0	$8,000 $0	$6,000 $0	$12,000 $0	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%
																		$2,000	$4,000	20%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$2,000	$4,000	20%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$300	$600	20%				$4,000	$8,000	$4,300	$8,600	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$0	$0	20%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$2,000 $0	$4,000 $0	20% 0%				$4,000 $0	$8,000 $0	$6,000 $0	$12,000 $0	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%
																		$2,000	$4,000	20%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$2,000	$4,000	20%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$300	$600	20%				$4,000	$8,000	$4,300	$8,600	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$0	$0	20%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$2,000	$4,000	20%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
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Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
		20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible						20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
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	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
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	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%

Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							*Plan Attributes*																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0330006	BlueCross Silver S09S	14002TN033		TNN001	TNS001	TNF009	New	PPO	Silver	Yes	Both	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0330016	BlueCross Silver S09E	14002TN033		TNN003	TNS002	TNF009	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0370017	BlueCross Silver S09P	14002TN037		TNN002	TNS001	TNF009	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0230001	BlueCross MSP Silver S09P	14002TN023		TNN002	TNS001	TNF009	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			*General Information*								*Deductible and Out of Pocket Exceptions*			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard Worldwide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1276	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
Cost Sharing Reduction Information											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0330006-00	BlueCross Silver S09S	Silver	Standard Silver Off Exchange I	68.35%	68.35%	Yes	Yes	No	100%																										$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0330006-01		Silver	Standard Silver On Exchange I	68.35%	68.35%	Yes	Yes	No	100%																										$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0330006-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330006-03		Silver	Limited Cost Sharing Plan Var	68.35%	68.35%	Yes	Yes	No	100%																										$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0330006-04		Silver	73% AV Level Silver Plan	72.01%	72.01%	Yes	Yes	No	100%																										$3,650	$7,300			$13,500	$27,000	$17,150	$34,300
14002TN0330006-05		Silver	87% AV Level Silver Plan	86.25%	86.25%	Yes	Yes	No	100%																										$2,000	$4,000			$13,500	$27,000	$15,500	$31,000
14002TN0330006-06		Silver	94% AV Level Silver Plan	93.17%	93.17%	Yes	Yes	No	100%																										$800	$1,600			$13,500	$27,000	$14,300	$28,600
14002TN0330016-01	BlueCross Silver S09E	Silver	Standard Silver On Exchange I	68.35%	68.35%	Yes	Yes	No	100%																										$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0330016-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330016-03		Silver	Limited Cost Sharing Plan Var	68.35%	68.35%	Yes	Yes	No	100%																										$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0330016-04		Silver	73% AV Level Silver Plan	72.01%	72.01%	Yes	Yes	No	100%																										$3,650	$7,300			$13,500	$27,000	$17,150	$34,300
14002TN0330016-05		Silver	87% AV Level Silver Plan	86.25%	86.25%	Yes	Yes	No	100%																										$2,000	$4,000			$13,500	$27,000	$15,500	$31,000
14002TN0330016-06		Silver	94% AV Level Silver Plan	93.17%	93.17%	Yes	Yes	No	100%																										$800	$1,600			$13,500	$27,000	$14,300	$28,600
14002TN0370017-00	BlueCross Silver S09P	Silver	Standard Silver Off Exchange I	68.35%	68.35%	Yes	Yes	No	100%																										$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0230001-01	BlueCross MSP Silver S0(	Silver	Standard Silver On Exchange I	68.35%	68.35%	Yes	Yes	No	100%																										$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0230001-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0230001-03		Silver	Limited Cost Sharing Plan Var	68.35%	68.35%	Yes	Yes	No	100%																										$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0230001-04		Silver	73% AV Level Silver Plan	72.01%	72.01%	Yes	Yes	No	100%																										$3,650	$7,300			$13,500	$27,000	$17,150	$34,300
14002TN0230001-05		Silver	87% AV Level Silver Plan	86.25%	86.25%	Yes	Yes	No	100%																										$2,000	$4,000			$13,500	$27,000	$15,500	$31,000
14002TN0230001-06		Silver	94% AV Level Silver Plan	93.17%	93.17%	Yes	Yes	No	100%																										$800	$1,600			$13,500	$27,000	$14,300	$28,600

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network	In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network	In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network	Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																			$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$2,500 $0	$5,000 $0	20% 0%				$5,000 $0	$10,000 $0	$7,500 $0	$15,000 $0	No Charge $0		No Charge $0	20% Coinsurance after deductible $0	0%	50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible $0	0%	50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible $0	0%
																			$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$2,000	$4,000	20%				$5,000	$10,000	$7,000	$14,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$300	$600	20%				$5,000	$10,000	$5,300	$10,600	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$0	$0	20%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$2,500 $0	$5,000 $0	20% 0%				$5,000 $0	$10,000 $0	$7,500 $0	$15,000 $0	No Charge $0		No Charge $0	20% Coinsurance after deductible $0	0%	50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible $0	0%	50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible $0	0%
																			$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$2,000	$4,000	20%				$5,000	$10,000	$7,000	$14,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$300	$600	20%				$5,000	$10,000	$5,300	$10,600	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$0	$0	20%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$2,500 $0	$5,000 $0	20% 0%				$7,500 $0	$15,000 $0	$10,000 $0	$20,000 $0	No Charge $0		No Charge $0	20% Coinsurance after deductible $0	0%	50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible $0	0%	50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible $0	0%
																			$2,500	$5,000	20%				$7,500	$15,000	$10,000	$20,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$2,000	$4,000	20%				$7,500	$15,000	$9,500	$19,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$300	$600	20%				$7,500	$15,000	$7,800	$15,600	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$0	$0	20%				$7,500	$15,000	$7,500	$15,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
	50% Coinsurance after deductible			No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible			No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible			No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible			No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible			No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible			No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible			No Charge
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Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs				
Copay		Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	$0	0%		0%
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	$0	0%		0%
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	$0	0%		0%
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Specialty Drugs					
Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	20% Coinsurance after deductible		100%
No Charge		No Charge	20% Coinsurance after deductible		100%
$0		$0	0%		0%
No Charge		No Charge	20% Coinsurance after deductible		100%
No Charge		No Charge	20% Coinsurance after deductible		100%
No Charge		No Charge	20% Coinsurance after deductible		100%
No Charge		No Charge	20% Coinsurance after deductible		100%
No Charge		No Charge	20% Coinsurance after deductible		100%
$0		$0	0%		0%
No Charge		No Charge	20% Coinsurance after deductible		100%
No Charge		No Charge	20% Coinsurance after deductible		100%
No Charge		No Charge	20% Coinsurance after deductible		100%
No Charge		No Charge	20% Coinsurance after deductible		100%
No Charge		No Charge	20% Coinsurance after deductible		100%
No Charge		No Charge	20% Coinsurance after deductible		100%
$0		$0	0%		0%
No Charge		No Charge	20% Coinsurance after deductible		100%
No Charge		No Charge	20% Coinsurance after deductible		100%
No Charge		No Charge	20% Coinsurance after deductible		100%
No Charge		No Charge	20% Coinsurance after deductible		100%

Outpatient Rehabilitation Services					
Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge after deductible		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Habilitation Services					
Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Chiropractic Care					
Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Durable Medical Equipment					
Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Hearing Aids					
Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%

Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	50% Coinsurance after deductible	No Charge		No Charge
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0%	$0		$0	0%		$0	0%	$0		$0	0%		$0	0%	$0		$0	0%		$0	$0		$0	0%	$0		$0	0%		$0	0%	$0		$0	0%		$0	0%	$0		$0
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
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	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after						20% Coinsurance after				20% Coinsurance after		50% Coinsurance after
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Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes															
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0370004	BlueCross Sliver S10S	14002TN037		TNN001	TNS001	TNF012	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370018	BlueCross Sliver S10P	14002TN037		TNN002	TNS001	TNF012	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							No	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brocchures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brocchures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0370004-00	BlueCross Silver S10S	Silver	Standard Silver Off Exchange I	70.42%	70.42%	No	Yes	No	100%																												$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0370018-00	BlueCross Silver S10P	Silver	Standard Silver Off Exchange I	70.42%	70.42%	No	Yes	No	100%																												$5,500	$11,000			$16,500	$33,000	$22,000	$44,000

Medical EHB Deductible										Drug EHB Deductible										Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	$500	$1,000	20%				$0	$0	$500	$1,000											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	$500	$1,000	20%				$0	$0	$500	$1,000											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S
Coinsurance	**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible			
	No Charge		No Charge			No Charge	No Charge		No Charge			No Charge	No Charge		No Charge			No Charge	No Charge		No Charge			No Charge	No Charge		No Charge			No Charge	No Charge		No Charge			No Charge	No Charge		No Charge
	20% Coinsurance after deductible			50% Coinsurance after deductible						20% Coinsurance after deductible						20% Coinsurance after deductible						20% Coinsurance after deductible						20% Coinsurance after deductible						20% Coinsurance after deductible					
	No Charge		No Charge				No Charge		No Charge				No Charge		No Charge				No Charge		No Charge				No Charge		No Charge				No Charge		No Charge				No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes															
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0330007	BlueCross Silver S11S	14002TN033		TNN001	TNS001	TNF012	New	PPO	Silver	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0330017	BlueCross Silver S11E	14002TN033		TNN003	TNS002	TNF012	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370019	BlueCross Silver S11P	14002TN037		TNN002	TNS001	TNF012	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0230002	BlueCross MSP Silver S11P	14002TN023		TNN002	TNS001	TNF012	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							No	No	No	No
Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Specialty Drugs	Yes		Covered	No							No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard Worldwide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1276	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0330007-00	BlueCross Silver S11S	Silver	Standard Silver Off Exchange I	70.28%	70.28%	No	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0330007-01		Silver	Standard Silver On Exchange I	70.28%	70.28%	No	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0330007-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330007-03		Silver	Limited Cost Sharing Plan Var	70.28%	70.28%	No	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0330007-04		Silver	73% AV Level Silver Plan	72.33%	72.33%	No	Yes	No	100%																										$4,150	$8,300			$16,500	$33,000	$20,650	$41,300
14002TN0330007-05		Silver	87% AV Level Silver Plan	86.34%	86.34%	No	Yes	No	100%																										$1,500	$3,000			$16,500	$33,000	$18,000	$36,000
14002TN0330007-06		Silver	94% AV Level Silver Plan	93.03%	93.03%	No	Yes	No	100%																										$750	$1,500			$16,500	$33,000	$17,250	$34,500
14002TN0330017-01	BlueCross Silver S11E	Silver	Standard Silver On Exchange I	70.28%	70.28%	No	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0330017-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330017-03		Silver	Limited Cost Sharing Plan Var	70.28%	70.28%	No	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0330017-04		Silver	73% AV Level Silver Plan	72.33%	72.33%	No	Yes	No	100%																										$4,150	$8,300			$16,500	$33,000	$20,650	$41,300
14002TN0330017-05		Silver	87% AV Level Silver Plan	86.34%	86.34%	No	Yes	No	100%																										$1,500	$3,000			$16,500	$33,000	$18,000	$36,000
14002TN0330017-06		Silver	94% AV Level Silver Plan	93.03%	93.03%	No	Yes	No	100%																										$750	$1,500			$16,500	$33,000	$17,250	$34,500
14002TN0370019-00	BlueCross Silver S11P	Silver	Standard Silver Off Exchange I	70.28%	70.28%	No	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0230002-01	BlueCross MSP Silver S1:	Silver	Standard Silver On Exchange I	70.28%	70.28%	No	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0230002-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0230002-03		Silver	Limited Cost Sharing Plan Var	70.28%	70.28%	No	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0230002-04		Silver	73% AV Level Silver Plan	72.33%	72.33%	No	Yes	No	100%																										$4,150	$8,300			$16,500	$33,000	$20,650	$41,300
14002TN0230002-05		Silver	87% AV Level Silver Plan	86.34%	86.34%	No	Yes	No	100%																										$1,500	$3,000			$16,500	$33,000	$18,000	$36,000
14002TN0230002-06		Silver	94% AV Level Silver Plan	93.03%	93.03%	No	Yes	No	100%																										$750	$1,500			$16,500	$33,000	$17,250	$34,500

Medical EHB Deductible										Drug EHB Deductible										Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$2,500 $0	$5,000 $0	20% 0%				$5,000 $0	$10,000 $0	$7,500 $0	$15,000 $0	$0 $0	$0 $0	20% 0%				$0 $0	$0 $0	$0 $0	$0 $0											No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%
$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$500	$1,000	20%				$5,000	$10,000	$5,500	$11,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$0	$0	20%				$5,000	$10,000	$5,000	$10,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$2,500 $0	$5,000 $0	20% 0%				$5,000 $0	$10,000 $0	$7,500 $0	$15,000 $0	$0 $0	$0 $0	20% 0%				$0 $0	$0 $0	$0 $0	$0 $0											No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%
$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$500	$1,000	20%				$5,000	$10,000	$5,500	$11,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$0	$0	20%				$5,000	$10,000	$5,000	$10,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$2,500 $0	$5,000 $0	20% 0%				$5,000 $0	$10,000 $0	$7,500 $0	$15,000 $0	$0 $0	$0 $0	20% 0%				$0 $0	$0 $0	$0 $0	$0 $0											No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%
$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$500	$1,000	20%				$5,000	$10,000	$5,500	$11,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$0	$0	20%				$5,000	$10,000	$5,000	$10,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	deductible			No Charge		No Charge	deductible			No Charge		No Charge	deductible

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)					Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
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Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	$0	0%	0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0		0%	$0
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	$0	0%	0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	$8		No Charge	$0		0%	$35		No Charge	$0		0%	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	$0	0%	0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	$8		No Charge	$0		0%	$35		No Charge	$0		0%	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	$0	0%	0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	$8		No Charge	$0		0%	$35		No Charge	$0		0%	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$120	$0	No Charge	No Charge	$0	100% 0%	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$120	$0	No Charge	No Charge	$0	100% 0%	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$120	$0	No Charge	No Charge	$0	100% 0%	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$120	$0	No Charge	No Charge	$0	100% 0%	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%

Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
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$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	50% Coinsurance after deductible	No Charge		No Charge
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
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	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
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	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after						20% Coinsurance after				20% Coinsurance after		50% Coinsurance after
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	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after						20% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	20%		deductible	No Charge		No Charge	deductible		deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0330008	BlueCross Silver S12S	14002TN033		TNN001	TNS001	TNF009	New	PPO	Silver	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0330018	BlueCross Silver S12E	14002TN033		TNN003	TNS002	TNF009	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370020	BlueCross Silver S12P	14002TN037		TNN002	TNS001	TNF009	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0230003	BlueCross MSP Silver S12P	14002TN023		TNN002	TNS001	TNF009	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard Worldwide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1276	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0330008-00	BlueCross Silver S12S	Silver	Standard Silver Off Exchange I	68.95%	68.95%	Yes	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0330008-01		Silver	Standard Silver On Exchange I	68.95%	68.95%	Yes	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0330008-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330008-03		Silver	Limited Cost Sharing Plan Var	68.95%	68.95%	Yes	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0330008-04		Silver	73% AV Level Silver Plan	72.07%	72.07%	Yes	Yes	No	100%																										$5,000	$10,000			$16,500	$33,000	$21,500	$43,000
14002TN0330008-05		Silver	87% AV Level Silver Plan	86.05%	86.05%	Yes	Yes	No	100%																										$2,000	$4,000			$16,500	$33,000	$18,500	$37,000
14002TN0330008-06		Silver	94% AV Level Silver Plan	93.01%	93.01%	Yes	Yes	No	100%																										$1,100	$2,200			$16,500	$33,000	$17,600	$35,200
14002TN0330018-01	BlueCross Silver S12E	Silver	Standard Silver On Exchange I	68.95%	68.95%	Yes	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0330018-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330018-03		Silver	Limited Cost Sharing Plan Var	68.95%	68.95%	Yes	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0330018-04		Silver	73% AV Level Silver Plan	72.07%	72.07%	Yes	Yes	No	100%																										$5,000	$10,000			$16,500	$33,000	$21,500	$43,000
14002TN0330018-05		Silver	87% AV Level Silver Plan	86.05%	86.05%	Yes	Yes	No	100%																										$2,000	$4,000			$16,500	$33,000	$18,500	$37,000
14002TN0330018-06		Silver	94% AV Level Silver Plan	93.01%	93.01%	Yes	Yes	No	100%																										$1,100	$2,200			$16,500	$33,000	$17,600	$35,200
14002TN0370020-00	BlueCross Silver S12P	Silver	Standard Silver Off Exchange I	68.95%	68.95%	Yes	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0230003-01	BlueCross MSP Silver S1:	Silver	Standard Silver On Exchange I	68.95%	68.95%	Yes	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0230003-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0230003-03		Silver	Limited Cost Sharing Plan Var	68.95%	68.95%	Yes	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0230003-04		Silver	73% AV Level Silver Plan	72.07%	72.07%	Yes	Yes	No	100%																										$5,000	$10,000			$16,500	$33,000	$21,500	$43,000
14002TN0230003-05		Silver	87% AV Level Silver Plan	86.05%	86.05%	Yes	Yes	No	100%																										$2,000	$4,000			$16,500	$33,000	$18,500	$37,000
14002TN0230003-06		Silver	94% AV Level Silver Plan	93.01%	93.01%	Yes	Yes	No	100%																										$1,100	$2,200			$16,500	$33,000	$17,600	$35,200

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$4,000 $0	$8,000 $0	20% 0%				$8,000 $0	$16,000 $0	$12,000 $0	$24,000 $0	$10 $0		No Charge $0	No Charge 0%		50% Coinsurance after deductible	$10 $0		No Charge $0	No Charge 0%		50% Coinsurance after deductible	$10 $0		No Charge $0	No Charge 0%
																		$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$3,000	$6,000	20%				$8,000	$16,000	$11,000	$22,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$750	$1,500	20%				$8,000	$16,000	$8,750	$17,500	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$0	$0	20%				$8,000	$16,000	$8,000	$16,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$4,000 $0	$8,000 $0	20% 0%				$8,000 $0	$16,000 $0	$12,000 $0	$24,000 $0	$10 $0		No Charge $0	No Charge 0%		50% Coinsurance after deductible	$10 $0		No Charge $0	No Charge 0%		50% Coinsurance after deductible	$10 $0		No Charge $0	No Charge 0%
																		$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$3,000	$6,000	20%				$8,000	$16,000	$11,000	$22,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$750	$1,500	20%				$8,000	$16,000	$8,750	$17,500	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$0	$0	20%				$8,000	$16,000	$8,000	$16,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$4,000 $0	$8,000 $0	20% 0%				$8,000 $0	$16,000 $0	$12,000 $0	$24,000 $0	$10 $0		No Charge $0	No Charge 0%		50% Coinsurance after deductible	$10 $0		No Charge $0	No Charge 0%		50% Coinsurance after deductible	$10 $0		No Charge $0	No Charge 0%
																		$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$3,000	$6,000	20%				$8,000	$16,000	$11,000	$22,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$750	$1,500	20%				$8,000	$16,000	$8,750	$17,500	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$0	$0	20%				$8,000	$16,000	$8,000	$16,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
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	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
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	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		No Charge	No Charge
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		No Charge	No Charge
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		No Charge	No Charge
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		No Charge	No Charge
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20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		No Charge	No Charge
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		No Charge	No Charge
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		No Charge	No Charge
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All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
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No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
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Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
		20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible						20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%

Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
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50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
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50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
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$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
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	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
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	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
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	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	20%		deductible	No Charge		No Charge	deductible		deductible
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after						20% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	20%		deductible	No Charge		No Charge	deductible		deductible
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after						20% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	20%		deductible	No Charge		No Charge	deductible		deductible
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after						20% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	20%		deductible	No Charge		No Charge	deductible		deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0370005	BlueCross Silver S13S	14002TN037		TNN001	TNS001	TNF014	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370021	BlueCross Silver S13P	14002TN037		TNN002	TNS001	TNF014	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0370005-00	BlueCross Silver S13S	Silver	Standard Silver Off Exchange I	71.12%	71.12%	No	Yes	No	100%																												$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0370021-00	BlueCross Silver S13P	Silver	Standard Silver Off Exchange I	71.12%	71.12%	No	Yes	No	100%																												$5,500	$11,000			$16,500	$33,000	$22,000	$44,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		50% Coinsurance after deductible	$250
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		50% Coinsurance after deductible	$250

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$500		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$500		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							*Plan Attributes*																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0330009	BlueCross Silver S14S	14002TN033		TNN001	TNS001	TNF011	New	PPO	Silver	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0330019	BlueCross Silver S14E	14002TN033		TNN003	TNS002	TNF011	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370022	BlueCross Silver S14P	14002TN037		TNN002	TNS001	TNF011	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			*General Information*								*Deductible and Out of Pocket Exceptions*			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0330009-00	BlueCross Silver S14S	Silver	Standard Silver Off Exchange I	71.96%	71.96%	No	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330009-01		Silver	Standard Silver On Exchange I	71.96%	71.96%	No	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330009-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330009-03		Silver	Limited Cost Sharing Plan Var	71.96%	71.96%	No	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330009-04		Silver	73% AV Level Silver Plan	74.00%	74.00%	No	Yes	No	100%																										$5,200	$10,400			$19,050	$38,100	$24,250	$48,500
14002TN0330009-05		Silver	87% AV Level Silver Plan	86.21%	86.21%	No	Yes	No	100%																										$2,000	$4,000			$19,050	$38,100	$21,050	$42,100
14002TN0330009-06		Silver	94% AV Level Silver Plan	93.08%	93.08%	No	Yes	No	100%																										$850	$1,700			$19,050	$38,100	$19,900	$39,800
14002TN0330019-01	BlueCross Silver S14E	Silver	Standard Silver On Exchange I	71.96%	71.96%	No	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330019-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330019-03		Silver	Limited Cost Sharing Plan Var	71.96%	71.96%	No	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330019-04		Silver	73% AV Level Silver Plan	74.00%	74.00%	No	Yes	No	100%																										$5,200	$10,400			$19,050	$38,100	$24,250	$48,500
14002TN0330019-05		Silver	87% AV Level Silver Plan	86.21%	86.21%	No	Yes	No	100%																										$2,000	$4,000			$19,050	$38,100	$21,050	$42,100
14002TN0330019-06		Silver	94% AV Level Silver Plan	93.08%	93.08%	No	Yes	No	100%																										$850	$1,700			$19,050	$38,100	$19,900	$39,800
14002TN0370022-00	BlueCross Silver S14P	Silver	Standard Silver Off Exchange I	71.96%	71.96%	No	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible										Drug EHB Deductible										Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$5,500	$11,000	20%				$11,000	$22,000	$16,500	$33,000	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$5,500 $0	$11,000 $0	20% 0%				$11,000 $0	$22,000 $0	$16,500 $0	$33,000 $0	$0 $0	$0 $0	20% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$10 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$40 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$10 $0		No Charge	No Charge $0	0%
$5,500	$11,000	20%				$11,000	$22,000	$16,500	$33,000	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$4,500	$9,000	20%				$11,000	$22,000	$15,500	$31,000	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$750	$1,500	20%				$11,000	$22,000	$11,750	$23,500	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$0	$0	20%				$11,000	$22,000	$11,000	$22,000	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$5,500 $0	$11,000 $0	20% 0%				$11,000 $0	$22,000 $0	$16,500 $0	$33,000 $0	$0 $0	$0 $0	20% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$10 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$40 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$10 $0		No Charge	No Charge $0	0%
$5,500	$11,000	20%				$11,000	$22,000	$16,500	$33,000	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$4,500	$9,000	20%				$11,000	$22,000	$15,500	$31,000	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$750	$1,500	20%				$11,000	$22,000	$11,750	$23,500	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$0	$0	20%				$11,000	$22,000	$11,000	$22,000	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$5,500	$11,000	20%				$11,000	$22,000	$16,500	$33,000	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100
No Charge	20% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$10		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge		No Charge	20% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$10		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$3		No Charge	No Charge		50% Coinsurance after deductible 0%	$50		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	$100
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100
No Charge	20% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$10		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge		No Charge	20% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$10		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$3		No Charge	No Charge		50% Coinsurance after deductible 0%	$50		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	$100
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	$0	No Charge		0%	$0		$0	No Charge		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	$0	No Charge		0%	$0		$0	No Charge		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%

Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
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	Transplant						Accidental Dental						Dialysis					
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
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	Allergy Testing						Chemotherapy						Radiation						Diabetes S
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay
	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
50% Coinsurance after deductible	No Charge		No Charge			0%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge			0%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
$0		$0	0%			0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge			0%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge			0%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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50% Coinsurance after deductible	No Charge		No Charge			0%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0			0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge			0%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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50% Coinsurance after deductible	No Charge		No Charge			0%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0370006	BlueCross Silver S15S	14002TN037		TNN001	TNS001	TNF015	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370023	BlueCross Silver S15P	14002TN037		TNN002	TNS001	TNF015	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0370006-00	BlueCross Silver S15S	Silver	Standard Silver Off Exchange I	71.92%	71.92%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0370023-00	BlueCross Silver S15P	Silver	Standard Silver Off Exchange I	71.92%	71.92%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$5,500	$11,000	20%				$11,000	$22,000	$16,500	$33,000	$0	$0	20%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$5,500	$11,000	20%				$11,000	$22,000	$16,500	$33,000	$0	$0	20%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$75
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$75

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes															
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0330010	BlueCross Silver S16S	14002TN033		TNN001	TNS001	TNF010	New	PPO	Silver	Yes	Both	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0330020	BlueCross Silver S16E	14002TN033		TNN003	TNS002	TNF010	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0370024	BlueCross Silver S16P	14002TN037		TNN002	TNS001	TNF010	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
Cost Sharing Reduction Information											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0330010-00	BlueCross Silver S16S	Silver	Standard Silver Off Exchange I	68.84%	68.84%	Yes	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0330010-01		Silver	Standard Silver On Exchange I	68.84%	68.84%	Yes	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0330010-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330010-03		Silver	Limited Cost Sharing Plan Var	68.84%	68.84%	Yes	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0330010-04		Silver	73% AV Level Silver Plan	72.00%	72.00%	Yes	Yes	No	100%																										$2,950	$5,900			$10,500	$21,000	$13,450	$26,900
14002TN0330010-05		Silver	87% AV Level Silver Plan	86.24%	86.24%	Yes	Yes	No	100%																										$1,150	$2,300			$10,500	$21,000	$11,650	$23,300
14002TN0330010-06		Silver	94% AV Level Silver Plan	93.27%	93.27%	Yes	Yes	No	100%																										$500	$1,000			$10,500	$21,000	$11,000	$22,000
14002TN0330020-01	BlueCross Silver S16E	Silver	Standard Silver On Exchange I	68.84%	68.84%	Yes	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0330020-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330020-03		Silver	Limited Cost Sharing Plan Var	68.84%	68.84%	Yes	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0330020-04		Silver	73% AV Level Silver Plan	72.00%	72.00%	Yes	Yes	No	100%																										$2,950	$5,900			$10,500	$21,000	$13,450	$26,900
14002TN0330020-05		Silver	87% AV Level Silver Plan	86.24%	86.24%	Yes	Yes	No	100%																										$1,150	$2,300			$10,500	$21,000	$11,650	$23,300
14002TN0330020-06		Silver	94% AV Level Silver Plan	93.27%	93.27%	Yes	Yes	No	100%																										$500	$1,000			$10,500	$21,000	$11,000	$22,000
14002TN0370024-00	BlueCross Silver S16P	Silver	Standard Silver Off Exchange I	68.84%	68.84%	Yes	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$2,950	$5,900	0%				$7,000	$14,000	$9,950	$19,900	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$1,150	$2,300	0%				$7,000	$14,000	$8,150	$16,300	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$500	$1,000	0%				$7,000	$14,000	$7,500	$15,000	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$2,950	$5,900	0%				$7,000	$14,000	$9,950	$19,900	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$1,150	$2,300	0%				$7,000	$14,000	$8,150	$16,300	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$500	$1,000	0%				$7,000	$14,000	$7,500	$15,000	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
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Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
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	No Charge	$0	0%	0%	No Charge		No Charge	$0		100%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%
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Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
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	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
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50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible			
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0 0% Coinsurance after deductible		0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0 0% Coinsurance after deductible		0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0 0% Coinsurance after deductible		0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0 0% Coinsurance after deductible		0% 50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0 0% 0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	$0	No Charge	$0 0% 0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	$0	No Charge	$0 0% 0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	$0	No Charge	$0 0% 0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0 0% 0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	$0	No Charge	$0 0% 0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	$0	No Charge	$0 0% 0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	$0	No Charge	$0 0% 0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes															
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0370008	BlueCross Silver S18S	14002TN037		TNN001	TNS001	TNF011	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370026	BlueCross Silver S18P	14002TN037		TNN002	TNS001	TNF011	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0370008-00	BlueCross Silver S18S	Silver	Standard Silver Off Exchange I	71.75%	71.75%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0370026-00	BlueCross Silver S18P	Silver	Standard Silver Off Exchange I	71.75%	71.75%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$6,350	$12,700	0%				$12,700	$25,400	$19,050	$38,100	$0	$0	0%				$0	$0	$0	$0										$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$6,350	$12,700	0%				$12,700	$25,400	$19,050	$38,100	$0	$0	0%				$0	$0	$0	$0										$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S
Coinsurance	**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							*Plan Attributes*																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0340001	BlueCross Gold G01S	14002TN034		TNN001	TNS001	TNF006	New	PPO	Gold	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0340009	BlueCross Gold G01E	14002TN034		TNN003	TNS002	TNF006	New	PPO	Gold	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0380004	BlueCross Gold G01P	14002TN038		TNN002	TNS001	TNF006	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			*General Information*								*Deductible and Out of Pocket Exceptions*			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0340001-00	BlueCross Gold G01S	Gold	Standard Gold Off Exchange P	78.05%	78.05%	Yes	Yes	No	100%																										$5,250	$10,500			$15,750	$31,500	$21,000	$42,000
14002TN0340001-01		Gold	Standard Gold On Exchange P	78.05%	78.05%	Yes	Yes	No	100%																										$5,250	$10,500			$15,750	$31,500	$21,000	$42,000
14002TN0340001-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0340001-03		Gold	Limited Cost Sharing Plan Var	78.05%	78.05%	Yes	Yes	No	100%																										$5,250	$10,500			$15,750	$31,500	$21,000	$42,000
14002TN0340009-01	BlueCross Gold G01E	Gold	Standard Gold On Exchange P	78.05%	78.05%	Yes	Yes	No	100%																										$5,250	$10,500			$15,750	$31,500	$21,000	$42,000
14002TN0340009-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0340009-03		Gold	Limited Cost Sharing Plan Var	78.05%	78.05%	Yes	Yes	No	100%																										$5,250	$10,500			$15,750	$31,500	$21,000	$42,000
14002TN0380004-00	BlueCross Gold G01P	Gold	Standard Gold Off Exchange P	78.05%	78.05%	Yes	Yes	No	100%																										$5,250	$10,500			$15,750	$31,500	$21,000	$42,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$0	$0	35%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible
																		$0	$0	35%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	$0	0%	0%	$0		$0	$0	0%	0%	$0		$0	$0	0%
																		$0	$0	35%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible
																		$0	$0	35%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	$0	0%	0%	$0		$0	$0	0%	0%	$0		$0	$0	0%
																		$0	$0	35%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible
																		$0	$0	35%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible			
	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible			35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible			
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	50% Coinsurance after deductible			35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible			
	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible			35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible			
	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible			35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible			
	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible			35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible			
	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		35% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		35% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		35% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		35% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		35% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		35% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		35% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		35% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		35% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		35% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		35% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		35% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0
No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0
No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		100%	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%
	No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		100%	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%
	No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		100%	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%
	No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		100%	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible	
No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible	
No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible	
No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
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	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge
	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge
	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge
	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0340002	BlueCross Gold G02S	14002TN034		TNN001	TNS001	TNF008	New	PPO	Gold	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0340010	BlueCross Gold G02E	14002TN034		TNN003	TNS002	TNF008	New	PPO	Gold	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0380005	BlueCross Gold G02P	14002TN038		TNN002	TNS001	TNF008	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0340002-00	BlueCross Gold G02S	Gold	Standard Gold Off Exchange P	81.78%	81.78%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0340002-01		Gold	Standard Gold On Exchange P	81.78%	81.78%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0340002-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0340002-03		Gold	Limited Cost Sharing Plan Var	81.78%	81.78%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0340010-01	BlueCross Gold G02E	Gold	Standard Gold On Exchange P	81.78%	81.78%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0340010-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0340010-03		Gold	Limited Cost Sharing Plan Var	81.78%	81.78%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0380005-00	BlueCross Gold G02P	Gold	Standard Gold Off Exchange P	81.78%	81.78%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$0	$0	25%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible
																		$0 $0	$0 $0	25% 0%				$5,000 $0	$10,000 $0	$5,000 $0	$10,000 $0	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%
																		$0	$0	25%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible
																		$0 $0	$0 $0	25% 0%				$5,000 $0	$10,000 $0	$5,000 $0	$10,000 $0	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%
																		$0	$0	25%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible
																		$0	$0	25%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	100%	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible
	No Charge		25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	100%	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible
	No Charge		25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge		25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
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No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
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	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	25% Coinsurance after deductible		50% Coinsurance after deductible				25% Coinsurance after deductible		50% Coinsurance after deductible				25% Coinsurance after deductible		50% Coinsurance after deductible				25% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
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Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes															
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0380001	BlueCross Gold G03S	14002TN038		TNN001	TNS001	TNF012	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0380006	BlueCross Gold G03P	14002TN038		TNN002	TNS001	TNF012	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						Yes	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						Yes	No	No	No	No
Specialty Drugs	Yes		Covered	No						Yes	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
Cost Sharing Reduction Information											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0380001-00	BlueCross Gold G03S	Gold	Standard Gold Off Exchange P	81.94%	81.94%	No	Yes	No	100%																												$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0380006-00	BlueCross Gold G03P	Gold	Standard Gold Off Exchange P	81.94%	81.94%	No	Yes	No	100%																												$4,000	$8,000			$12,000	$24,000	$16,000	$32,000

Medical EHB Deductible										Drug EHB Deductible										Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$1,000	$2,000	20%				$2,000	$4,000	$3,000	$6,000	$500	$1,000	20%				$0	$0	$500	$1,000											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$1,000	$2,000	20%				$2,000	$4,000	$3,000	$6,000	$500	$1,000	20%				$0	$0	$500	$1,000											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0340003	BlueCross Gold G04S	14002TN034		TNN001	TNS001	TNF012	New	PPO	Gold	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0340011	BlueCross Gold G04E	14002TN034		TNN003	TNS002	TNF012	New	PPO	Gold	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0380007	BlueCross Gold G04P	14002TN038		TNN002	TNS001	TNF012	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0340003-00	BlueCross Gold G04S	Gold	Standard Gold Off Exchange P	81.15%	81.15%	No	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0340003-01		Gold	Standard Gold On Exchange P	81.15%	81.15%	No	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0340003-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0340003-03		Gold	Limited Cost Sharing Plan Var	81.15%	81.15%	No	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0340011-01	BlueCross Gold G04E	Gold	Standard Gold On Exchange P	81.15%	81.15%	No	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0340011-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0340011-03		Gold	Limited Cost Sharing Plan Var	81.15%	81.15%	No	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0380007-00	BlueCross Gold G04P	Gold	Standard Gold Off Exchange P	81.15%	81.15%	No	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000

Medical EHB Deductible										Drug EHB Deductible										Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$1,000	$2,000	20%				$2,000	$4,000	$3,000	$6,000	$0	$0	20%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$1,000 $0	$2,000 $0	20% 0%				$2,000 $0	$4,000 $0	$3,000 $0	$6,000 $0	$0 $0	$0 $0	20% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$35 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible 0%	$50 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible 0%	$35 $0		No Charge	No Charge $0	0%
$1,000	$2,000	20%				$2,000	$4,000	$3,000	$6,000	$0	$0	20%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$1,000 $0	$2,000 $0	20% 0%				$2,000 $0	$4,000 $0	$3,000 $0	$6,000 $0	$0 $0	$0 $0	20% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$35 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible 0%	$50 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible 0%	$35 $0		No Charge	No Charge $0	0%
$1,000	$2,000	20%				$2,000	$4,000	$3,000	$6,000	$0	$0	20%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$1,000	$2,000	20%				$2,000	$4,000	$3,000	$6,000	$0	$0	20%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	
	0%	$0	$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	
	0%	$0	$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
$0		0%		$0		$0	$0		0%	$0		$0			0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
$0		0%		$0		$0	$0		0%	$0		$0			0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	$0	$0	No Charge	$0	0%	40% 0%	$0	$0	No Charge	$0	0%	40% 0%	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	$0	$0	No Charge	$0	0%	40% 0%	$0	$0	No Charge	$0	0%	40% 0%	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	$0	$0	No Charge	$0	0%	40% 0%	$0	$0	No Charge	$0	0%	40% 0%	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
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50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing					
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible

	Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0380002	BlueCross Gold G05S	14002TN038		TNN001	TNS001	TNF012	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0380008	BlueCross Gold G05P	14002TN038		TNN002	TNS001	TNF012	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						Yes	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						Yes	No	No	No	No
Specialty Drugs	Yes		Covered	No						Yes	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0380002-00	BlueCross Gold G05S	Gold	Standard Gold Off Exchange P	79.03%	79.03%	No	Yes	No	100%																												$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0380008-00	BlueCross Gold G05P	Gold	Standard Gold Off Exchange P	79.03%	79.03%	No	Yes	No	100%																												$4,500	$9,000			$13,500	$27,000	$18,000	$36,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$1,500	$3,000	20%				$3,000	$6,000	$4,500	$9,000	$500	$1,000	20%				$0	$0	$500	$1,000											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$1,500	$3,000	20%				$3,000	$6,000	$4,500	$9,000	$500	$1,000	20%				$0	$0	$500	$1,000											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0340004	BlueCross Gold G06S	14002TN034		TNN001	TNS001	TNF012	New	PPO	Gold	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0340012	BlueCross Gold G06E	14002TN034		TNN003	TNS002	TNF012	New	PPO	Gold	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0380009	BlueCross Gold G06P	14002TN038		TNN002	TNS001	TNF012	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							No	No	No	No
Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Specialty Drugs	Yes		Covered	No							No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0340004-00	BlueCross Gold G06S	Gold	Standard Gold Off Exchange P	79.10%	79.10%	No	Yes	No	100%																												$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0340004-01		Gold	Standard Gold On Exchange P	79.10%	79.10%	No	Yes	No	100%																												$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0340004-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																												$0	$0			$0	$0	$0	$0
14002TN0340004-03		Gold	Limited Cost Sharing Plan Var	79.10%	79.10%	No	Yes	No	100%																												$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0340012-01	BlueCross Gold G06E	Gold	Standard Gold On Exchange P	79.10%	79.10%	No	Yes	No	100%																												$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0340012-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																												$0	$0			$0	$0	$0	$0
14002TN0340012-03		Gold	Limited Cost Sharing Plan Var	79.10%	79.10%	No	Yes	No	100%																												$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0380009-00	BlueCross Gold G06P	Gold	Standard Gold Off Exchange P	79.10%	79.10%	No	Yes	No	100%																												$4,500	$9,000			$13,500	$27,000	$18,000	$36,000

Medical EHB Deductible										Drug EHB Deductible										Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$1,500	$3,000	20%				$3,000	$6,000	$4,500	$9,000	$0	$0	20%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$1,500 $0	$3,000 $0	20% 0%				$3,000 $0	$6,000 $0	$4,500 $0	$9,000 $0	$0 $0	$0 $0	20% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$35 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$50 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$35 $0		No Charge	No Charge $0	0%
$1,500	$3,000	20%				$3,000	$6,000	$4,500	$9,000	$0	$0	20%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$1,500 $0	$3,000 $0	20% 0%				$3,000 $0	$6,000 $0	$4,500 $0	$9,000 $0	$0 $0	$0 $0	20% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$35 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$50 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$35 $0		No Charge	No Charge $0	0%
$1,500	$3,000	20%				$3,000	$6,000	$4,500	$9,000	$0	$0	20%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$1,500	$3,000	20%				$3,000	$6,000	$4,500	$9,000	$0	$0	20%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	
	0%	$0	$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	
	0%	$0	$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
$0		0%		$0		$0	$0		0%	$0		$0			0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
$0		0%		$0		$0	$0		0%	$0		$0			0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	$0	$0	No Charge	$0	0%	40% 0%	$0	$0	No Charge	$0	0%	40% 0%	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	$0	$0	No Charge	$0	0%	40% 0%	$0	$0	No Charge	$0	0%	40% 0%	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	$0	$0	No Charge	$0	0%	40% 0%	$0	$0	No Charge	$0	0%	40% 0%	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing					
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible
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50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible

	Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0380003	BlueCross Gold G07S	14002TN038		TNN001	TNS001	TNF001	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0380010	BlueCross Gold G07P	14002TN038		TNN002	TNS001	TNF001	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0380003-00	BlueCross Gold G07S	Gold	Standard Gold Off Exchange P	79.82%	79.82%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0380010-00	BlueCross Gold G07P	Gold	Standard Gold Off Exchange P	79.82%	79.82%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$2,000	$4,000	20%				$4,000	$8,000	$6,000	$12,000	$0	$0	20%				$0	$0	$0	$0										$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$2,000	$4,000	20%				$4,000	$8,000	$6,000	$12,000	$0	$0	20%				$0	$0	$0	$0										$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	$250		$250	No Charge		No Charge	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	$250		$250	No Charge		No Charge	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$25		No Charge	No Charge		50% Coinsurance after deductible	$50
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$25		No Charge	No Charge		50% Coinsurance after deductible	$50

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes															
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0340005	BlueCross Gold G08S	14002TN034		TNN001	TNS001	TNF010	New	PPO	Gold	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0340013	BlueCross Gold G08E	14002TN034		TNN003	TNS002	TNF010	New	PPO	Gold	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0380011	BlueCross Gold G08P	14002TN038		TNN002	TNS001	TNF010	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0300001	BlueCross MSP Gold G08P	14002TN030		TNN002	TNS001	TNF010	New	PPO	Gold	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No

Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO Out of State is BlueCard PPO, In State is Out of Network	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
							1/1/2014		Yes	BlueCard WorldWide	Yes	Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-oavment/re	www.bcbst.com/brochures
Asthma, Heart Disease. Diabetes							1/1/2014		Yes	BlueCard Worldwide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1276	www.bcbst.com/individual-oavment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0340005-00	BlueCross Gold G08S	Gold	Standard Gold Off Exchange P	78.05%	78.05%	Yes	Yes	No	100%																												$2,100	$4,200			$6,300	$12,600	$8,400	$16,800
14002TN0340005-01		Gold	Standard Gold On Exchange P	78.05%	78.05%	Yes	Yes	No	100%																												$2,100	$4,200			$6,300	$12,600	$8,400	$16,800
14002TN0340005-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																												$0	$0			$0	$0	$0	$0
14002TN0340005-03		Gold	Limited Cost Sharing Plan Var	78.05%	78.05%	Yes	Yes	No	100%																												$2,100	$4,200			$6,300	$12,600	$8,400	$16,800
14002TN0340013-01	BlueCross Gold G08E	Gold	Standard Gold On Exchange P	78.05%	78.05%	Yes	Yes	No	100%																												$2,100	$4,200			$6,300	$12,600	$8,400	$16,800
14002TN0340013-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																												$0	$0			$0	$0	$0	$0
14002TN0340013-03		Gold	Limited Cost Sharing Plan Var	78.05%	78.05%	Yes	Yes	No	100%																												$2,100	$4,200			$6,300	$12,600	$8,400	$16,800
14002TN0380011-00	BlueCross Gold G08P	Gold	Standard Gold Off Exchange P	78.05%	78.05%	Yes	Yes	No	100%																												$2,100	$4,200			$6,300	$12,600	$8,400	$16,800
14002TN0300001-01	BlueCross MSP Gold G08	Gold	Standard Gold On Exchange P	78.05%	78.05%	Yes	Yes	No	100%																												$2,100	$4,200			$6,300	$12,600	$8,400	$16,800
14002TN0300001-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																												$0	$0			$0	$0	$0	$0
14002TN0300001-03		Gold	Limited Cost Sharing Plan Var	78.05%	78.05%	Yes	Yes	No	100%																												$2,100	$4,200			$6,300	$12,600	$8,400	$16,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$2,100	$4,200	0%				$4,200	$8,400	$6,300	$12,600	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$2,100 $0	$4,200 $0	0% 0%				$4,200 $0	$8,400 $0	$6,300 $0	$12,600 $0	No Charge $0		No Charge $0	0% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	0% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	0% Coinsurance after deductible 0%
																		$2,100	$4,200	0%				$4,200	$8,400	$6,300	$12,600	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$2,100 $0	$4,200 $0	0% 0%				$4,200 $0	$8,400 $0	$6,300 $0	$12,600 $0	No Charge $0		No Charge $0	0% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	0% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	0% Coinsurance after deductible 0%
																		$2,100	$4,200	0%				$4,200	$8,400	$6,300	$12,600	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$2,100	$4,200	0%				$4,200	$8,400	$6,300	$12,600	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$2,100 $0	$4,200 $0	0% 0%				$4,200 $0	$8,400 $0	$6,300 $0	$12,600 $0	No Charge $0		No Charge $0	0% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	0% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	0% Coinsurance after deductible 0%
																		$2,100	$4,200	0%				$4,200	$8,400	$6,300	$12,600	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible			
	50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0%	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	
	50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0%	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	
	0%	$0		0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	$0
	50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0%	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	
	50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0%	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	
	0%	$0		0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	$0
	50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0%	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	
	50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0%	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	
	0%	$0		0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	$0
	50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0%	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	0%	0%	No Charge		No Charge	$0	$0	0%	No Charge		No Charge	$0	$0	0%
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	0%	0%	No Charge		No Charge	$0	$0	0%	No Charge		No Charge	$0	$0	0%
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	0%	0%	No Charge		No Charge	$0	$0	0%	No Charge		No Charge	$0	$0	0%
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
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No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
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No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
No Charge		No Charge	$0	0%	50% Coinsurance after deductible	No Charge		No Charge	$0	0%	50% Coinsurance after deductible	No Charge		No Charge	$0	0%	50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
No Charge		No Charge	$0	0%	50% Coinsurance after deductible	No Charge		No Charge	$0	0%	50% Coinsurance after deductible	No Charge		No Charge	$0	0%	50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child		
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible
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No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	20% 0%	0%	No Charge	$0	No Charge	$0	0%	0%
	0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		20% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge				No Charge		No Charge				No Charge		No Charge		20%		No Charge		No Charge			

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0340007	BlueCross Gold G10S	14002TN034		TNN001	TNS001	TNF004	New	PPO	Gold	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0340015	BlueCross Gold G10E	14002TN034		TNN003	TNS002	TNF004	New	PPO	Gold	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0380013	BlueCross Gold G10P	14002TN038		TNN002	TNS001	TNF004	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0340007-00	BlueCross Gold G10S	Gold	Standard Gold Off Exchange P	78.56%	78.56%	No	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0340007-01		Gold	Standard Gold On Exchange P	78.56%	78.56%	No	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0340007-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0340007-03		Gold	Limited Cost Sharing Plan Var	78.56%	78.56%	No	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0340015-01	BlueCross Gold G10E	Gold	Standard Gold On Exchange P	78.56%	78.56%	No	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0340015-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0340015-03		Gold	Limited Cost Sharing Plan Var	78.56%	78.56%	No	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0380013-00	BlueCross Gold G10P	Gold	Standard Gold Off Exchange P	78.56%	78.56%	No	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000

Medical EHB Deductible										Drug EHB Deductible										Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$3,500 $0	$7,000 $0	0% 0%				$7,000 $0	$14,000 $0	$10,500 $0	$21,000 $0	$0 $0	$0 $0	0% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$35 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$50 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$35 $0		No Charge	No Charge $0	0%
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$3,500 $0	$7,000 $0	0% 0%				$7,000 $0	$14,000 $0	$10,500 $0	$21,000 $0	$0 $0	$0 $0	0% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$35 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$50 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$35 $0		No Charge	No Charge $0	0%
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible												0% Coinsurance after deductible		50% Coinsurance after deductible						
	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible			0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible												0% Coinsurance after deductible		50% Coinsurance after deductible						
	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0	$0	0%	0%	0%	$0	$0	$0	0%	0%	0%	$0	$0	$0	0%	0%	0%	$0	$0	$0	$0	$0	0%	$0	$0	$0	0%	0%	0%	$0	$0	$0	0%	0%	0%	$0	$0	$0
	50% Coinsurance after deductible			0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible												0% Coinsurance after deductible		50% Coinsurance after deductible						
	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible			0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible												0% Coinsurance after deductible		50% Coinsurance after deductible						
	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible			0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible												0% Coinsurance after deductible		50% Coinsurance after deductible						
	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	

Care Services
Emergency Room Services
Emergency Transportation/Ambulance
Inpatient Hospital Services (e.g., Hospital Stay)
Inpatient Physician and Surgical Services
Skilled Nursing Facility
Prenatal and Postnatal Care
Delivery and

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	No Charge		No Charge	50%	$0	50% Coinsurance after deductible	No Charge		No Charge	50%	$0	50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	No Charge		No Charge	50%	$0	50% Coinsurance after deductible	No Charge		No Charge	50%	$0	50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs						Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	50%		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	50%	$0	0% 50% Coinsurance after deductible	$100	$0	No Charge	No Charge	$0	100% 0%	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible
	No Charge	50%		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	50%	$0	0% 50% Coinsurance after deductible	$100	$0	No Charge	No Charge	$0	100% 0%	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible
	No Charge	50%		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	$0	$0	No Charge	$0	0%	40% 0%	$0	$0	No Charge	$0	0%	40% 0%	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	$0	$0	No Charge	$0	0%	40% 0%	$0	$0	No Charge	$0	0%	40% 0%	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
0%	$0		$0	0%		0%	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
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50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
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No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
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No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0340008	BlueCross Gold G11S	14002TN034		TNN001	TNS001	TNF012	New	PPO	Gold	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0340016	BlueCross Gold G11E	14002TN034		TNN003	TNS002	TNF012	New	PPO	Gold	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0380014	BlueCross Gold G11P	14002TN038		TNN002	TNS001	TNF012	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0300002	BlueCross MSP Gold G11P	14002TN030		TNN002	TNS001	TNF012	New	PPO	Gold	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							No	No	No	No
Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Specialty Drugs	Yes		Covered	No							No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard Worldwide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1276	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0340008-00	BlueCross Gold G11S	Gold	Standard Gold Off Exchange P	79.68%	79.68%	No	Yes	No	100%																												$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0340008-01		Gold	Standard Gold On Exchange P	79.68%	79.68%	No	Yes	No	100%																												$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0340008-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																												$0	$0			$0	$0	$0	$0
14002TN0340008-03		Gold	Limited Cost Sharing Plan Var	79.68%	79.68%	No	Yes	No	100%																												$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0340016-01	BlueCross Gold G11E	Gold	Standard Gold On Exchange P	79.68%	79.68%	No	Yes	No	100%																												$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0340016-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																												$0	$0			$0	$0	$0	$0
14002TN0340016-03		Gold	Limited Cost Sharing Plan Var	79.68%	79.68%	No	Yes	No	100%																												$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0380014-00	BlueCross Gold G11P	Gold	Standard Gold Off Exchange P	79.68%	79.68%	No	Yes	No	100%																												$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0300002-01	BlueCross MSP Gold G11	Gold	Standard Gold On Exchange P	79.68%	79.68%	No	Yes	No	100%																												$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0300002-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																												$0	$0			$0	$0	$0	$0
14002TN0300002-03		Gold	Limited Cost Sharing Plan Var	79.68%	79.68%	No	Yes	No	100%																												$3,500	$7,000			$10,500	$21,000	$14,000	$28,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network			In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network			In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network			Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0										$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0										$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$0	$0	0%				$0	$0	$0	$0	$0	$0	0%				$0	$0	$0	$0										$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0										$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0										$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$0	$0	0%				$0	$0	$0	$0	$0	$0	0%				$0	$0	$0	$0										$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0										$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0										$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0										$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$0	$0	0%				$0	$0	$0	$0	$0	$0	0%				$0	$0	$0	$0										$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0										$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$8		No Charge	No Charge	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	$60
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$8		No Charge	No Charge	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	$60
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$8		No Charge	No Charge	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	$60
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$8		No Charge	No Charge	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	$60
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$8		No Charge	No Charge	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	$60
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$120	$0	No Charge	No Charge	$0	100% 0%	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$120	$0	No Charge	No Charge	$0	100% 0%	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$120	$0	No Charge	No Charge	$0	100% 0%	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
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No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
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No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
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No Charge				No Charge		No Charge				No Charge		No Charge		20%		No Charge		No Charge			

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0350001	BlueCross Platinum P01S	14002TN035		TNN001	TNS001	TNF001	New	PPO	Platinum	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0350004	BlueCross Platinum P01E	14002TN035		TNN003	TNS002	TNF001	New	PPO	Platinum	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0390002	BlueCross Platinum P01P	14002TN039		TNN002	TNS001	TNF001	New	PPO	Platinum	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							No	No	No	No
Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Specialty Drugs	Yes		Covered	No							No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0350001-00	BlueCross Platinum P01S	Platinum	Standard Platinum Off Exchan	88.25%	88.25%	No	Yes	No	100%																										$1,800	$3,600			$5,400	$10,800	$7,200	$14,400
14002TN0350001-01		Platinum	Standard Platinum On Exchan	88.25%	88.25%	No	Yes	No	100%																										$1,800	$3,600			$5,400	$10,800	$7,200	$14,400
14002TN0350001-02		Platinum	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0350001-03		Platinum	Limited Cost Sharing Plan Var	88.25%	88.25%	No	Yes	No	100%																										$1,800	$3,600			$5,400	$10,800	$7,200	$14,400
14002TN0350004-01	BlueCross Platinum P01E	Platinum	Standard Platinum On Exchan	88.25%	88.25%	No	Yes	No	100%																										$1,800	$3,600			$5,400	$10,800	$7,200	$14,400
14002TN0350004-02		Platinum	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0350004-03		Platinum	Limited Cost Sharing Plan Var	88.25%	88.25%	No	Yes	No	100%																										$1,800	$3,600			$5,400	$10,800	$7,200	$14,400
14002TN0390002-00	BlueCross Platinum P01P	Platinum	Standard Platinum Off Exchan	88.25%	88.25%	No	Yes	No	100%																										$1,800	$3,600			$5,400	$10,800	$7,200	$14,400

Medical EHB Deductible										Drug EHB Deductible										Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$0	$0	50%				$5,000	$10,000	$5,000	$10,000	$0	$0	50%				$0	$0	$0	$0											$20		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$20		No Charge	No Charge
$0 $0	$0 $0	50% 0%				$5,000 $0	$10,000 $0	$5,000 $0	$10,000 $0	$0 $0	$0 $0	50% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$20 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$40 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$20 $0		No Charge	No Charge $0	0%
$0	$0	50%				$5,000	$10,000	$5,000	$10,000	$0	$0	50%				$0	$0	$0	$0											$20		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$20		No Charge	No Charge
$0 $0	$0 $0	50% 0%				$5,000 $0	$10,000 $0	$5,000 $0	$10,000 $0	$0 $0	$0 $0	50% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$20 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$40 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$20 $0		No Charge	No Charge $0	0%
$0	$0	50%				$5,000	$10,000	$5,000	$10,000	$0	$0	50%				$0	$0	$0	$0											$20		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$20		No Charge	No Charge
$0	$0	50%				$5,000	$10,000	$5,000	$10,000	$0	$0	50%				$0	$0	$0	$0											$20		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$20		No Charge	No Charge

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible		
	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		0%	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		0%	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible		
	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		0%	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		0%	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible		
	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		0%	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		0%	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$25		No Charge	No Charge		50% Coinsurance after deductible	$50
No Charge	50% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$20		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge	$0	No Charge	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	$20	$0	No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge	$0	No Charge	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	$3	$0	No Charge	No Charge	$0	50% Coinsurance after deductible 0%	$25	$0	No Charge	No Charge	$0	50% Coinsurance after deductible 0%	$50
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$25		No Charge	No Charge		50% Coinsurance after deductible	$50
No Charge	50% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$20		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge	$0	No Charge	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	$20	$0	No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge	$0	No Charge	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	$3	$0	No Charge	No Charge	$0	50% Coinsurance after deductible 0%	$25	$0	No Charge	No Charge	$0	50% Coinsurance after deductible 0%	$50
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$25		No Charge	No Charge		50% Coinsurance after deductible	$50

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$100	$0	No Charge	No Charge	$0	0% 100%	No Charge	$0	No Charge	$0	0% 50% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 50% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 50% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 50% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 50% Coinsurance after deductible	0% 50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$100	$0	No Charge	No Charge	$0	0% 100%	No Charge	$0	No Charge	$0	0% 50% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 50% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 50% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 50% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 50% Coinsurance after deductible	0% 50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible

Rehabilitative Speech Therapy				
Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible	
$0		$0	0%	
No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible	
$0		$0	0%	
No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge	$0	No Charge	50% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	0%	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	0%	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	0%	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	20%	0%	20% Coinsurance after deductible	No Charge	$0	No Charge		0%	50% Coinsurance after deductible	No Charge	$0	No Charge	50%	0%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge	$0	No Charge	50% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	0%	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	0%	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	0%	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	20%	0%	20% Coinsurance after deductible	No Charge	$0	No Charge		0%	50% Coinsurance after deductible	No Charge	$0	No Charge	50%	0%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible		
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible		
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge
	0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		$0
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible		
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible		
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge
	0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		$0
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible		
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible
	50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible
	50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0350002	BlueCross Platinum P02S	14002TN035		TNN001	TNS001	TNF008	New	PPO	Platinum	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0350005	BlueCross Platinum P02E	14002TN035		TNN003	TNS002	TNF008	New	PPO	Platinum	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0390003	BlueCross Platinum P02P	14002TN039		TNN002	TNS001	TNF008	New	PPO	Platinum	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0350002-00	BlueCross Platinum P02S	Platinum	Standard Platinum Off Exchan	89.22%	89.22%	Yes	Yes	No	100%																										$1,500	$3,000			$4,500	$9,000	$6,000	$12,000
14002TN0350002-01		Platinum	Standard Platinum On Exchan	89.22%	89.22%	Yes	Yes	No	100%																										$1,500	$3,000			$4,500	$9,000	$6,000	$12,000
14002TN0350002-02		Platinum	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0350002-03		Platinum	Limited Cost Sharing Plan Var	89.22%	89.22%	Yes	Yes	No	100%																										$1,500	$3,000			$4,500	$9,000	$6,000	$12,000
14002TN0350005-01	BlueCross Platinum P02E	Platinum	Standard Platinum On Exchan	89.22%	89.22%	Yes	Yes	No	100%																										$1,500	$3,000			$4,500	$9,000	$6,000	$12,000
14002TN0350005-02		Platinum	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0350005-03		Platinum	Limited Cost Sharing Plan Var	89.22%	89.22%	Yes	Yes	No	100%																										$1,500	$3,000			$4,500	$9,000	$6,000	$12,000
14002TN0390003-00	BlueCross Platinum P02P	Platinum	Standard Platinum Off Exchan	89.22%	89.22%	Yes	Yes	No	100%																										$1,500	$3,000			$4,500	$9,000	$6,000	$12,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$0	$0	25%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible
																		$0 $0	$0 $0	25% 0%				$5,000 $0	$10,000 $0	$5,000 $0	$10,000 $0	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%
																		$0	$0	25%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible
																		$0 $0	$0 $0	25% 0%				$5,000 $0	$10,000 $0	$5,000 $0	$10,000 $0	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%
																		$0	$0	25%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible
																		$0	$0	25%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	100%	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible
	No Charge		25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	100%	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible
	No Charge		25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge		25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
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No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
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50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	25% Coinsurance after deductible		50% Coinsurance after deductible				25% Coinsurance after deductible		50% Coinsurance after deductible				25% Coinsurance after deductible		50% Coinsurance after deductible				25% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
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No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0350003	BlueCross Platinum P03S	14002TN035		TNN001	TNS001	TNF001	New	PPO	Platinum	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0350006	BlueCross Platinum P03E	14002TN035		TNN003	TNS002	TNF001	New	PPO	Platinum	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0390004	BlueCross Platinum P03P	14002TN039		TNN002	TNS001	TNF001	New	PPO	Platinum	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience,	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							No	No	No	No
Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Specialty Drugs	Yes		Covered	No							No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0350003-00	BlueCross Platinum P03S	Platinum	Standard Platinum Off Exchan	88.26%	88.26%	No	Yes	No	100%																										$3,000	$6,000			$9,000	$18,000	$12,000	$24,000
14002TN0350003-01		Platinum	Standard Platinum On Exchan	88.26%	88.26%	No	Yes	No	100%																										$3,000	$6,000			$9,000	$18,000	$12,000	$24,000
14002TN0350003-02		Platinum	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0350003-03		Platinum	Limited Cost Sharing Plan Var	88.26%	88.26%	No	Yes	No	100%																										$3,000	$6,000			$9,000	$18,000	$12,000	$24,000
14002TN0350006-01	BlueCross Platinum P03E	Platinum	Standard Platinum On Exchan	88.26%	88.26%	No	Yes	No	100%																										$3,000	$6,000			$9,000	$18,000	$12,000	$24,000
14002TN0350006-02		Platinum	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0350006-03		Platinum	Limited Cost Sharing Plan Var	88.26%	88.26%	No	Yes	No	100%																										$3,000	$6,000			$9,000	$18,000	$12,000	$24,000
14002TN0390004-00	BlueCross Platinum P03P	Platinum	Standard Platinum Off Exchan	88.26%	88.26%	No	Yes	No	100%																										$3,000	$6,000			$9,000	$18,000	$12,000	$24,000

Medical EHB Deductible										Drug EHB Deductible										Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$0	$0	25%				$5,000	$10,000	$5,000	$10,000	$0	$0	25%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$0 $0	$0 $0	25% 0%				$5,000 $0	$10,000 $0	$5,000 $0	$10,000 $0	$0 $0	$0 $0	25% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$10 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$40 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$10 $0		No Charge	No Charge $0	0%
$0	$0	25%				$5,000	$10,000	$5,000	$10,000	$0	$0	25%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$0 $0	$0 $0	25% 0%				$5,000 $0	$10,000 $0	$5,000 $0	$10,000 $0	$0 $0	$0 $0	25% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$10 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$40 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$10 $0		No Charge	No Charge $0	0%
$0	$0	25%				$5,000	$10,000	$5,000	$10,000	$0	$0	25%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$0	$0	25%				$5,000	$10,000	$5,000	$10,000	$0	$0	25%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$25		No Charge	No Charge		50% Coinsurance after deductible	$50
No Charge	25% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$10		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge		No Charge	25% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$10		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge		No Charge	25% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$3		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	$25		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	$50
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$25		No Charge	No Charge		50% Coinsurance after deductible	$50
No Charge	25% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$10		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge		No Charge	25% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$10		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge		No Charge	25% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$3		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	$25		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	$50
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$25		No Charge	No Charge		50% Coinsurance after deductible	$50

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$100	$0	No Charge	No Charge	$0	0% 100%	No Charge	$0	No Charge	$0	0% 25% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 25% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 25% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 25% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 25% Coinsurance after deductible	0% 50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$100	$0	No Charge	No Charge	$0	0% 100%	No Charge	$0	No Charge	$0	0% 25% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 25% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 25% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 25% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 25% Coinsurance after deductible	0% 50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	25%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	25%		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	25%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	25%		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	25%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	25%		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	25% Coinsurance after deductible		50% Coinsurance after deductible				25% Coinsurance after deductible		50% Coinsurance after deductible				25% Coinsurance after deductible		50% Coinsurance after deductible				25% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes															
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0390001	BlueCross Platinum P04S	14002TN039		TNN001	TNS001	TNF001	New	PPO	Platinum	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0390005	BlueCross Platinum P04P	14002TN039		TNN002	TNS001	TNF001	New	PPO	Platinum	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1298	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0390001-00	BlueCross Platinum P04S	Platinum	Standard Platinum Off Exchan	89.41%	89.41%	No	Yes	No	100%																												$1,500	$3,000			$4,500	$9,000	$6,000	$12,000
14002TN0390005-00	BlueCross Platinum P04P	Platinum	Standard Platinum Off Exchan	89.41%	89.41%	No	Yes	No	100%																												$1,500	$3,000			$4,500	$9,000	$6,000	$12,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$1,500	$3,000	0%				$3,000	$6,000	$4,500	$9,000	$0	$0	0%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$1,500	$3,000	0%				$3,000	$6,000	$4,500	$9,000	$0	$0	0%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$25		No Charge	No Charge		50% Coinsurance after deductible	$50
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$25		No Charge	No Charge		50% Coinsurance after deductible	$50

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S
Coinsurance	**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/14/2013		Supporting Document	Plan Benefit Template	05/23/2013	plans_benefits_SERFF_2014-05-07_Pt1.pdf (Superceded) plans_benefits_SERFF_2014-05-07_Pt2.pdf (Superceded) plans_benefits_SERFF_2014-05-07_Pt3.pdf (Superceded)
04/29/2013		Supporting Document	Unified Rate Review Template	06/05/2013	URRT_IU65_AllPlans.pdf (Superceded)

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes															
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0320001	BlueCross Bronze B01S	14002TN032		TNN001	TNS001	TNF005	New	PPO	Bronze	Yes	Both	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0320005	BlueCross Bronze B01E	14002TN032		TNN003	TNS002	TNF005	New	PPO	Bronze	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0360003	BlueCross Bronze B01P	14002TN036		TNN002	TNS001	TNF005	New	PPO	Bronze	Yes	Off the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0320001-00	BlueCross Bronze B01S	Bronze	Standard Bronze Off Exchange	61.58%	61.58%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320001-01		Bronze	Standard Bronze On Exchange	61.58%	61.58%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320001-02		Bronze	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0320001-03		Bronze	Limited Cost Sharing Plan Var	61.58%	61.58%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320005-01	BlueCross Bronze B01E	Bronze	Standard Bronze On Exchange	61.58%	61.58%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320005-02		Bronze	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0320005-03		Bronze	Limited Cost Sharing Plan Var	61.58%	61.58%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0360003-00	BlueCross Bronze B01P	Bronze	Standard Bronze Off Exchange	61.58%	61.58%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$2,500	$5,000	50%				$5,000	$10,000	$7,500	$15,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$2,500 $0	$5,000 $0	50% 0%				$5,000 $0	$10,000 $0	$7,500 $0	$15,000 $0	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%
																		$2,500	$5,000	50%				$5,000	$10,000	$7,500	$15,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$2,500 $0	$5,000 $0	50% 0%				$5,000 $0	$10,000 $0	$7,500 $0	$15,000 $0	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%
																		$2,500	$5,000	50%				$5,000	$10,000	$7,500	$15,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$2,500	$5,000	50%				$5,000	$10,000	$7,500	$15,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible					
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible					
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge
	0%	$0		0%	$0		0%	$0		0%	$0					0%	$0					0%	$0					0%	$0					0%	$0				
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible					
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible					
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge
	0%	$0		0%	$0		0%	$0		0%	$0					0%	$0					0%	$0					0%	$0					0%	$0				
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible					
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible					
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	$0
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	$0
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible

Rehabilitative Speech Therapy				
Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible	
$0		$0	0%	
No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible	
$0		$0	0%	
No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
0%	$0	No Charge		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
0%	$0	No Charge		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0	0%		$0
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible
	50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible
	50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes															
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0320002	BlueCross Bronze B02S	14002TN032		TNN001	TNS001	TNF005	New	PPO	Bronze	Yes	Both	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0320006	BlueCross Bronze B02E	14002TN032		TNN003	TNS002	TNF005	New	PPO	Bronze	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0360004	BlueCross Bronze B02P	14002TN036		TNN002	TNS001	TNF005	New	PPO	Bronze	Yes	Off the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0320002-00	BlueCross Bronze B02S	Bronze	Standard Bronze Off Exchange	59.31%	59.31%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320002-01		Bronze	Standard Bronze On Exchange	59.31%	59.31%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320002-02		Bronze	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0320002-03		Bronze	Limited Cost Sharing Plan Var	59.31%	59.31%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320006-01	BlueCross Bronze B02E	Bronze	Standard Bronze On Exchange	59.31%	59.31%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320006-02		Bronze	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0320006-03		Bronze	Limited Cost Sharing Plan Var	59.31%	59.31%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0360004-00	BlueCross Bronze B02P	Bronze	Standard Bronze Off Exchange	59.31%	59.31%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$4,000	$8,000	50%				$8,000	$16,000	$12,000	$24,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$4,000 $0	$8,000 $0	50% 0%				$8,000 $0	$16,000 $0	$12,000 $0	$24,000 $0	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%
																		$4,000	$8,000	50%				$8,000	$16,000	$12,000	$24,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$4,000 $0	$8,000 $0	50% 0%				$8,000 $0	$16,000 $0	$12,000 $0	$24,000 $0	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	50% Coinsurance after deductible 0%
																		$4,000	$8,000	50%				$8,000	$16,000	$12,000	$24,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$4,000	$8,000	50%				$8,000	$16,000	$12,000	$24,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible					
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible					
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge
	0%	$0		0%	$0		0%	$0		0%	$0					0%	$0					0%	$0					0%	$0					0%	$0				
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible					
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible					
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge
	0%	$0		0%	$0		0%	$0		0%	$0					0%	$0					0%	$0					0%	$0					0%	$0				
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible					
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible						50% Coinsurance after deductible					
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	$0
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	$0
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible

Rehabilitative Speech Therapy				
Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible	
$0		$0	0%	
No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible	
$0		$0	0%	
No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
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	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
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	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible
	50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
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	50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible
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No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes															
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0320003	BlueCross Bronze B03S	14002TN032		TNN001	TNS001	TNF009	New	PPO	Bronze	Yes	Both	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0320007	BlueCross Bronze B03E	14002TN032		TNN003	TNS002	TNF009	New	PPO	Bronze	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0360005	BlueCross Bronze B03P	14002TN036		TNN002	TNS001	TNF009	New	PPO	Bronze	Yes	Off the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0320003-00	BlueCross Bronze B03S	Bronze	Standard Bronze Off Exchange	61.51%	61.51%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320003-01		Bronze	Standard Bronze On Exchange	61.51%	61.51%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320003-02		Bronze	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0320003-03		Bronze	Limited Cost Sharing Plan Var	61.51%	61.51%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320007-01	BlueCross Bronze B03E	Bronze	Standard Bronze On Exchange	61.51%	61.51%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0320007-02		Bronze	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0320007-03		Bronze	Limited Cost Sharing Plan Var	61.51%	61.51%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0360005-00	BlueCross Bronze B03P	Bronze	Standard Bronze Off Exchange	61.51%	61.51%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$4,000 $0	$8,000 $0	20% 0%				$8,000 $0	$16,000 $0	$12,000 $0	$24,000 $0	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%
																		$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$4,000 $0	$8,000 $0	20% 0%				$8,000 $0	$16,000 $0	$12,000 $0	$24,000 $0	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%
																		$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0	No Charge	$0		0%	No Charge	$0
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
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Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
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Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child		
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		20% Coinsurance after deductible	No Charge		No Charge		50% Coinsurance after deductible	No Charge		No Charge		20% Coinsurance after deductible	No Charge		No Charge		50% Coinsurance after deductible	No Charge		No Charge
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							*Plan Attributes*																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0320004	BlueCross Bronze B04S	14002TN032		TNN001	TNS001	TNF010	New	PPO	Bronze	Yes	Both	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0320008	BlueCross Bronze B04E	14002TN032		TNN003	TNS002	TNF010	New	PPO	Bronze	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0360006	BlueCross Bronze B04P	14002TN036		TNN002	TNS001	TNF010	New	PPO	Bronze	Yes	Off the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0220001	BlueCross MSP Bronze B04P	14002TN022		TNN002	TNS001	TNF010	New	PPO	Bronze	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			*General Information*								*Deductible and Out of Pocket Exceptions*			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0320004-00	BlueCross Bronze B04S	Bronze	Standard Bronze Off Exchange	61.80%	61.80%	Yes	Yes	No	100%																										$5,300	$10,600			$15,900	$31,800	$21,200	$42,400
14002TN0320004-01		Bronze	Standard Bronze On Exchange	61.80%	61.80%	Yes	Yes	No	100%																										$5,300	$10,600			$15,900	$31,800	$21,200	$42,400
14002TN0320004-02		Bronze	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0320004-03		Bronze	Limited Cost Sharing Plan Var	61.80%	61.80%	Yes	Yes	No	100%																										$5,300	$10,600			$15,900	$31,800	$21,200	$42,400
14002TN0320008-01	BlueCross Bronze B04E	Bronze	Standard Bronze On Exchange	61.80%	61.80%	Yes	Yes	No	100%																										$5,300	$10,600			$15,900	$31,800	$21,200	$42,400
14002TN0320008-02		Bronze	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0320008-03		Bronze	Limited Cost Sharing Plan Var	61.80%	61.80%	Yes	Yes	No	100%																										$5,300	$10,600			$15,900	$31,800	$21,200	$42,400
14002TN0360006-00	BlueCross Bronze B04P	Bronze	Standard Bronze Off Exchange	61.80%	61.80%	Yes	Yes	No	100%																										$5,300	$10,600			$15,900	$31,800	$21,200	$42,400
14002TN0220001-01	BlueCross MSP Bronze B	Bronze	Standard Bronze On Exchange	61.80%	61.80%	Yes	Yes	No	100%																										$5,300	$10,600			$15,900	$31,800	$21,200	$42,400
14002TN0220001-02		Bronze	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0220001-03		Bronze	Limited Cost Sharing Plan Var	61.80%	61.80%	Yes	Yes	No	100%																										$5,300	$10,600			$15,900	$31,800	$21,200	$42,400

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$5,300	$10,600	0%				$10,600	$21,200	$15,900	$31,800	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$5,300	$10,600	0%				$10,600	$21,200	$15,900	$31,800	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$5,300	$10,600	0%				$10,600	$21,200	$15,900	$31,800	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$5,300	$10,600	0%				$10,600	$21,200	$15,900	$31,800	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$5,300	$10,600	0%				$10,600	$21,200	$15,900	$31,800	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$5,300	$10,600	0%				$10,600	$21,200	$15,900	$31,800	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$5,300	$10,600	0%				$10,600	$21,200	$15,900	$31,800	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$5,300	$10,600	0%				$10,600	$21,200	$15,900	$31,800	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge
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	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge
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	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
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No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
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No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
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Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	$0	0%	0%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%
	No Charge	$0	0%	0%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%
	No Charge	$0	0%	0%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%
	No Charge	$0	0%	0%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%
	No Charge	$0	0%	0%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%
	No Charge	$0	0%	0%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%	No Charge		No Charge	$0	0%	100%

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
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No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
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No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
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No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
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No Charge				No Charge		No Charge				No Charge		No Charge		20%		No Charge		No Charge			

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0360001	BlueCross Bronze B05S	14002TN036		TNN001	TNS001	TNF010	New	PPO	Bronze	Yes	Off the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0360007	BlueCross Bronze B05P	14002TN036		TNN002	TNS001	TNF010	New	PPO	Bronze	Yes	Off the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0360001-00	BlueCross Bronze B05S	Bronze	Standard Bronze Off Exchange	58.34%	58.34%	Yes	Yes	No	100%																												$6,250	$12,500			$18,750	$37,500	$25,000	$50,000
14002TN0360007-00	BlueCross Bronze B05P	Bronze	Standard Bronze Off Exchange	58.34%	58.34%	Yes	Yes	No	100%																												$6,250	$12,500			$18,750	$37,500	$25,000	$50,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network			Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$6,250	$12,500	0%				$12,500	$25,000	$18,750	$37,500	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$6,250	$12,500	0%				$12,500	$25,000	$18,750	$37,500	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible			
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0360002	BlueCross Bronze B06S	14002TN036		TNN001	TNS001	TNF013	New	PPO	Bronze	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0360008	BlueCross Bronze B06P	14002TN036		TNN002	TNS001	TNF013	New	PPO	Bronze	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0360002-00	BlueCross Bronze B06S	Bronze	Standard Bronze Off Exchange	58.66%	58.66%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0360008-00	BlueCross Bronze B06P	Bronze	Standard Bronze Off Exchange	58.66%	58.66%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible								Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network			In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$6,350	$12,700	0%				$12,700	$25,400	$19,050	$38,100	$0	$0	0%				$0	$0	$0	$0											No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
$6,350	$12,700	0%				$12,700	$25,400	$19,050	$38,100	$0	$0	0%				$0	$0	$0	$0											No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible			
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$75		No Charge	No Charge		50% Coinsurance after deductible	$250
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$75		No Charge	No Charge		50% Coinsurance after deductible	$250

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$500		No Charge	No Charge		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$500		No Charge	No Charge		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							*Plan Attributes*																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0330001	BlueCross Silver S01S	14002TN033		TNN001	TNS001	TNF005	New	PPO	Silver	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0330011	BlueCross Silver S01E	14002TN033		TNN003	TNS002	TNF005	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370009	BlueCross Silver S01P	14002TN037		TNN002	TNS001	TNF005	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			*General Information*								*Deductible and Out of Pocket Exceptions*			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0330001-00	BlueCross Silver S01S	Silver	Standard Silver Off Exchange I	70.93%	70.93%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330001-01		Silver	Standard Silver On Exchange I	70.93%	70.93%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330001-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330001-03		Silver	Limited Cost Sharing Plan Var	70.93%	70.93%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330001-04		Silver	73% AV Level Silver Plan	72.94%	72.94%	Yes	Yes	No	100%																										$5,200	$10,400			$19,050	$38,100	$24,250	$48,500
14002TN0330001-05		Silver	87% AV Level Silver Plan	86.12%	86.12%	Yes	Yes	No	100%																										$1,450	$2,900			$19,050	$38,100	$20,500	$41,000
14002TN0330001-06		Silver	94% AV Level Silver Plan	93.37%	93.37%	Yes	Yes	No	100%																										$550	$1,100			$19,050	$38,100	$19,600	$39,200
14002TN0330011-01	BlueCross Silver S01E	Silver	Standard Silver On Exchange I	70.93%	70.93%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330011-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330011-03		Silver	Limited Cost Sharing Plan Var	70.93%	70.93%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330011-04		Silver	73% AV Level Silver Plan	72.94%	72.94%	Yes	Yes	No	100%																										$5,200	$10,400			$19,050	$38,100	$24,250	$48,500
14002TN0330011-05		Silver	87% AV Level Silver Plan	86.12%	86.12%	Yes	Yes	No	100%																										$1,450	$2,900			$19,050	$38,100	$20,500	$41,000
14002TN0330011-06		Silver	94% AV Level Silver Plan	93.37%	93.37%	Yes	Yes	No	100%																										$550	$1,100			$19,050	$38,100	$19,600	$39,200
14002TN0370009-00	BlueCross Silver S01P	Silver	Standard Silver Off Exchange I	70.93%	70.93%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	0%		$0			0%			$0			0%			$0			0%			$0			0%			$0			0%			$0			0%			$0	
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
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	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
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Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
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Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
		50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		100%				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible
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Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	
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	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	20%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%
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50% Coinsurance after deductible	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	20%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%
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50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
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50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
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	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0330002	BlueCross Silver S02S	14002TN033		TNN001	TNS001	TNF002	New	PPO	Silver	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0330012	BlueCross Silver S02E	14002TN033		TNN003	TNS002	TNF002	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370010	BlueCross Silver S02P	14002TN037		TNN002	TNS001	TNF002	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							No	No	No	No
Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Specialty Drugs	Yes		Covered	No							No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0330002-00	BlueCross Silver S02S	Silver	Standard Silver Off Exchange I	68.10%	68.10%	Yes	Yes	No	100%																										$6,250	$12,500			$18,750	$37,500	$25,000	$50,000
14002TN0330002-01		Silver	Standard Silver On Exchange I	68.10%	68.10%	Yes	Yes	No	100%																										$6,250	$12,500			$18,750	$37,500	$25,000	$50,000
14002TN0330002-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330002-03		Silver	Limited Cost Sharing Plan Var	68.10%	68.10%	Yes	Yes	No	100%																										$6,250	$12,500			$18,750	$37,500	$25,000	$50,000
14002TN0330002-04		Silver	73% AV Level Silver Plan	72.13%	72.13%	Yes	Yes	No	100%																										$4,400	$8,800			$18,750	$37,500	$23,150	$46,300
14002TN0330002-05		Silver	87% AV Level Silver Plan	86.46%	86.46%	Yes	Yes	No	100%																										$1,500	$3,000			$18,750	$37,500	$20,250	$40,500
14002TN0330002-06		Silver	94% AV Level Silver Plan	93.19%	93.19%	Yes	Yes	No	100%																										$600	$1,200			$18,750	$37,500	$19,350	$38,700
14002TN0330012-01	BlueCross Silver S02E	Silver	Standard Silver On Exchange I	68.10%	68.10%	Yes	Yes	No	100%																										$6,250	$12,500			$18,750	$37,500	$25,000	$50,000
14002TN0330012-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330012-03		Silver	Limited Cost Sharing Plan Var	68.10%	68.10%	Yes	Yes	No	100%																										$6,250	$12,500			$18,750	$37,500	$25,000	$50,000
14002TN0330012-04		Silver	73% AV Level Silver Plan	72.13%	72.13%	Yes	Yes	No	100%																										$4,400	$8,800			$18,750	$37,500	$23,150	$46,300
14002TN0330012-05		Silver	87% AV Level Silver Plan	86.46%	86.46%	Yes	Yes	No	100%																										$1,500	$3,000			$18,750	$37,500	$20,250	$40,500
14002TN0330012-06		Silver	94% AV Level Silver Plan	93.19%	93.19%	Yes	Yes	No	100%																										$600	$1,200			$18,750	$37,500	$19,350	$38,700
14002TN0370010-00	BlueCross Silver S02P	Silver	Standard Silver Off Exchange I	68.10%	68.10%	Yes	Yes	No	100%																										$6,250	$12,500			$18,750	$37,500	$25,000	$50,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$1,000	$2,000	50%				$2,000	$4,000	$3,000	$6,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$1,000	$2,000	50%				$2,000	$4,000	$3,000	$6,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$1,000	$2,000	50%				$2,000	$4,000	$3,000	$6,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$1,000	$2,000	50%				$2,000	$4,000	$3,000	$6,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$1,000	$2,000	50%				$2,000	$4,000	$3,000	$6,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$1,000	$2,000	50%				$2,000	$4,000	$3,000	$6,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$1,000	$2,000	50%				$2,000	$4,000	$3,000	$6,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$1,000	$2,000	50%				$2,000	$4,000	$3,000	$6,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	0%		$0			0%			$0			0%			$0			0%			$0			0%			$0			0%			$0			0%			$0	
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
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Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
	50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible										50% Coinsurance after deductible		50% Coinsurance after deductible	
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Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
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Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes															
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0370001	BlueCross Silver S03S	14002TN037		TNN001	TNS001	TNF002	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370011	BlueCross Silver S03P	14002TN037		TNN002	TNS001	TNF002	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0370001-00	BlueCross Silver S03S	Silver	Standard Silver Off Exchange I	71.71%	71.71%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0370011-00	BlueCross Silver S03P	Silver	Standard Silver Off Exchange I	71.71%	71.71%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$1,000	$2,000	50%				$2,000	$4,000	$3,000	$6,000	$0	$0	50%				$0	$0	$0	$0											$60		No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		50% Coinsurance after deductible	$60		No Charge	No Charge
$1,000	$2,000	50%				$2,000	$4,000	$3,000	$6,000	$0	$0	50%				$0	$0	$0	$0											$60		No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		50% Coinsurance after deductible	$60		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$60		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$60		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$60		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$60		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$60		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$60		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$60		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$60		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$60		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$60		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	50%		50% Coinsurance after deductible	No Charge		No Charge	50%		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	50%		50% Coinsurance after deductible	No Charge		No Charge	50%		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0330003	BlueCross Silver S04S	14002TN033		TNN001	TNS001	TNF005	New	PPO	Silver	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0330013	BlueCross Silver S04E	14002TN033		TNN003	TNS002	TNF005	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370012	BlueCross Silver S04P	14002TN037		TNN002	TNS001	TNF005	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
Cost Sharing Reduction Information											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0330003-00	BlueCross Silver S04S	Silver	Standard Silver Off Exchange I	68.16%	68.16%	Yes	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0330003-01		Silver	Standard Silver On Exchange I	68.16%	68.16%	Yes	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0330003-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330003-03		Silver	Limited Cost Sharing Plan Var	68.16%	68.16%	Yes	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0330003-04		Silver	73% AV Level Silver Plan	72.05%	72.05%	Yes	Yes	No	100%																										$3,650	$7,300			$12,000	$24,000	$15,650	$31,300
14002TN0330003-05		Silver	87% AV Level Silver Plan	86.12%	86.12%	Yes	Yes	No	100%																										$1,450	$2,900			$12,000	$24,000	$13,450	$26,900
14002TN0330003-06		Silver	94% AV Level Silver Plan	93.37%	93.37%	Yes	Yes	No	100%																										$550	$1,100			$12,000	$24,000	$12,550	$25,100
14002TN0330013-01	BlueCross Silver S04E	Silver	Standard Silver On Exchange I	68.16%	68.16%	Yes	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0330013-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330013-03		Silver	Limited Cost Sharing Plan Var	68.16%	68.16%	Yes	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0330013-04		Silver	73% AV Level Silver Plan	72.05%	72.05%	Yes	Yes	No	100%																										$3,650	$7,300			$12,000	$24,000	$15,650	$31,300
14002TN0330013-05		Silver	87% AV Level Silver Plan	86.12%	86.12%	Yes	Yes	No	100%																										$1,450	$2,900			$12,000	$24,000	$13,450	$26,900
14002TN0330013-06		Silver	94% AV Level Silver Plan	93.37%	93.37%	Yes	Yes	No	100%																										$550	$1,100			$12,000	$24,000	$12,550	$25,100
14002TN0370012-00	BlueCross Silver S04P	Silver	Standard Silver Off Exchange I	68.16%	68.16%	Yes	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																														50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible
																		$2,000	$4,000	50%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$2,000	$4,000	50%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0	0%
																		$2,000	$4,000	50%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$1,000	$2,000	50%				$4,000	$8,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$2,000	$4,000	50%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0	0%
																		$2,000	$4,000	50%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$1,000	$2,000	50%				$4,000	$8,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$0	$0	50%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible
																		$2,000	$4,000	50%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	0%		$0			0%			$0			0%			$0			0%			$0			0%			$0			0%			$0			0%			$0	
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	0%		$0			0%			$0			0%			$0			0%			$0			0%			$0			0%			$0			0%			$0	
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge
	50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge			50% Coinsurance after deductible			No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
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Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
		50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		100%				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible
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Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	
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No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	20%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%
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50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge		No Charge	50%
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50% Coinsurance after deductible	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	20%	$0	0%	No Charge	$0	No Charge	0%	$0	0%	No Charge	$0	No Charge	0%	$0	0%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after				50% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes															
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0370002	BlueCross Silver S05S	14002TN037		TNN001	TNS001	TNF002	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370013	BlueCross Silver S05P	14002TN037		TNN002	TNS001	TNF002	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0370002-00	BlueCross Silver S05S	Silver	Standard Silver Off Exchange I	71.69%	71.69%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0370013-00	BlueCross Silver S05P	Silver	Standard Silver Off Exchange I	71.69%	71.69%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible										Drug EHB Deductible										Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$2,000	$4,000	50%				$4,000	$8,000	$6,000	$12,000	$0	$0	50%				$0	$0	$0	$0											$40		No Charge	No Charge		50% Coinsurance after deductible	$70		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge
$2,000	$4,000	50%				$4,000	$8,000	$6,000	$12,000	$0	$0	50%				$0	$0	$0	$0											$40		No Charge	No Charge		50% Coinsurance after deductible	$70		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	50%		50% Coinsurance after deductible	No Charge		No Charge	50%		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	50%		50% Coinsurance after deductible	No Charge		No Charge	50%		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							*Plan Attributes*																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0370003	BlueCross Silver S06S	14002TN037		TNN001	TNS001	TNF011	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370014	BlueCross Silver S06P	14002TN037		TNN002	TNS001	TNF011	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			*General Information*								*Deductible and Out of Pocket Exceptions*			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0370003-00	BlueCross Silver S06S	Silver	Standard Silver Off Exchange I	71.65%	71.65%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0370014-00	BlueCross Silver S06P	Silver	Standard Silver Off Exchange I	71.65%	71.65%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible								Combined Medical and Drug EHB Deductible								Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$2,000	$4,000	50%				$4,000	$8,000	$6,000	$12,000	$0	$0	50%				$0	$0	$0	$0											$55		No Charge	No Charge		50% Coinsurance after deductible	$95		No Charge	No Charge		50% Coinsurance after deductible	$55		No Charge	No Charge
$2,000	$4,000	50%				$4,000	$8,000	$6,000	$12,000	$0	$0	50%				$0	$0	$0	$0											$55		No Charge	No Charge		50% Coinsurance after deductible	$95		No Charge	No Charge		50% Coinsurance after deductible	$55		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$55		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$55		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$55		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$55		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$55		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$55		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$55		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$55		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$55		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$55		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0330004	BlueCross Silver S07S	14002TN033		TNN001	TNS001	TNF007	New	PPO	Silver	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0330014	BlueCross Silver S07E	14002TN033		TNN003	TNS002	TNF007	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370015	BlueCross Silver S07P	14002TN037		TNN002	TNS001	TNF007	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0330004-00	BlueCross Silver S07S	Silver	Standard Silver Off Exchange I	68.24%	68.24%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330004-01		Silver	Standard Silver On Exchange I	68.24%	68.24%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330004-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330004-03		Silver	Limited Cost Sharing Plan Var	68.24%	68.24%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330004-04		Silver	73% AV Level Silver Plan	72.03%	72.03%	Yes	Yes	No	100%																										$3,950	$7,900			$19,050	$38,100	$23,000	$46,000
14002TN0330004-05		Silver	87% AV Level Silver Plan	86.34%	86.34%	Yes	Yes	No	100%																										$2,000	$4,000			$19,050	$38,100	$21,050	$42,100
14002TN0330004-06		Silver	94% AV Level Silver Plan	93.22%	93.22%	Yes	Yes	No	100%																										$650	$1,300			$19,050	$38,100	$19,700	$39,400
14002TN0330014-01	BlueCross Silver S07E	Silver	Standard Silver On Exchange I	68.24%	68.24%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330014-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330014-03		Silver	Limited Cost Sharing Plan Var	68.24%	68.24%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330014-04		Silver	73% AV Level Silver Plan	72.03%	72.03%	Yes	Yes	No	100%																										$3,950	$7,900			$19,050	$38,100	$23,000	$46,000
14002TN0330014-05		Silver	87% AV Level Silver Plan	86.34%	86.34%	Yes	Yes	No	100%																										$2,000	$4,000			$19,050	$38,100	$21,050	$42,100
14002TN0330014-06		Silver	94% AV Level Silver Plan	93.22%	93.22%	Yes	Yes	No	100%																										$650	$1,300			$19,050	$38,100	$19,700	$39,400
14002TN0370015-00	BlueCross Silver S07P	Silver	Standard Silver Off Exchange I	68.24%	68.24%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$1,500	$3,000	30%				$3,000	$6,000	$4,500	$9,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$1,500	$3,000	30%				$3,000	$6,000	$4,500	$9,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$1,500	$3,000	30%				$3,000	$6,000	$4,500	$9,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$1,500	$3,000	30%				$3,000	$6,000	$4,500	$9,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$0	$0	30%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$0	$0	30%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$1,500	$3,000	30%				$3,000	$6,000	$4,500	$9,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$1,500	$3,000	30%				$3,000	$6,000	$4,500	$9,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$1,500	$3,000	30%				$3,000	$6,000	$4,500	$9,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$0	$0	30%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$0	$0	30%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible
																		$1,500	$3,000	30%				$3,000	$6,000	$4,500	$9,000	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			30% Coinsurance after deductible		50% Coinsurance after deductible				30% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible				30% Coinsurance after deductible		50% Coinsurance after deductible				30% Coinsurance after deductible		50% Coinsurance after deductible				30% Coinsurance after deductible		50% Coinsurance after deductible			
	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
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Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
		30% Coinsurance after deductible		50% Coinsurance after deductible				30% Coinsurance after deductible						30% Coinsurance after deductible		50% Coinsurance after deductible				30% Coinsurance after deductible		50% Coinsurance after deductible				30% Coinsurance after deductible		50% Coinsurance after deductible				30% Coinsurance after deductible		50% Coinsurance after deductible				30% Coinsurance after deductible		50% Coinsurance after deductible
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Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge			No Charge	30% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after
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	30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after
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	30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after
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	30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after
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	30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after
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	30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after
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	30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after
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	30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after				30% Coinsurance after		50% Coinsurance after
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Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0330005	BlueCross Silver S08S	14002TN033		TNN001	TNS001	TNF009	New	PPO	Silver	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0330015	BlueCross Silver S08E	14002TN033		TNN003	TNS002	TNF009	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370016	BlueCross Silver S08P	14002TN037		TNN002	TNS001	TNF009	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0330005-00	BlueCross Silver S08S	Silver	Standard Silver Off Exchange I	69.89%	69.89%	Yes	Yes	No	100%																												$5,000	$10,000			$15,000	$30,000	$20,000	$40,000
14002TN0330005-01		Silver	Standard Silver On Exchange I	69.89%	69.89%	Yes	Yes	No	100%																												$5,000	$10,000			$15,000	$30,000	$20,000	$40,000
14002TN0330005-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																												$0	$0			$0	$0	$0	$0
14002TN0330005-03		Silver	Limited Cost Sharing Plan Var	69.89%	69.89%	Yes	Yes	No	100%																												$5,000	$10,000			$15,000	$30,000	$20,000	$40,000
14002TN0330005-04		Silver	73% AV Level Silver Plan	72.01%	72.01%	Yes	Yes	No	100%																												$3,650	$7,300			$15,000	$30,000	$18,650	$37,300
14002TN0330005-05		Silver	87% AV Level Silver Plan	86.25%	86.25%	Yes	Yes	No	100%																												$2,000	$4,000			$15,000	$30,000	$17,000	$34,000
14002TN0330005-06		Silver	94% AV Level Silver Plan	93.17%	93.17%	Yes	Yes	No	100%																												$800	$1,600			$15,000	$30,000	$15,800	$31,600
14002TN0330015-01	BlueCross Silver S08E	Silver	Standard Silver On Exchange I	69.89%	69.89%	Yes	Yes	No	100%																												$5,000	$10,000			$15,000	$30,000	$20,000	$40,000
14002TN0330015-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																												$0	$0			$0	$0	$0	$0
14002TN0330015-03		Silver	Limited Cost Sharing Plan Var	69.89%	69.89%	Yes	Yes	No	100%																												$5,000	$10,000			$15,000	$30,000	$20,000	$40,000
14002TN0330015-04		Silver	73% AV Level Silver Plan	72.01%	72.01%	Yes	Yes	No	100%																												$3,650	$7,300			$15,000	$30,000	$18,650	$37,300
14002TN0330015-05		Silver	87% AV Level Silver Plan	86.25%	86.25%	Yes	Yes	No	100%																												$2,000	$4,000			$15,000	$30,000	$17,000	$34,000
14002TN0330015-06		Silver	94% AV Level Silver Plan	93.17%	93.17%	Yes	Yes	No	100%																												$800	$1,600			$15,000	$30,000	$15,800	$31,600
14002TN0370016-00	BlueCross Silver S08P	Silver	Standard Silver Off Exchange I	69.89%	69.89%	Yes	Yes	No	100%																												$5,000	$10,000			$15,000	$30,000	$20,000	$40,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$2,000	$4,000	20%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$2,000 $0	$4,000 $0	20% 0%				$4,000 $0	$8,000 $0	$6,000 $0	$12,000 $0	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%
																		$2,000	$4,000	20%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$2,000	$4,000	20%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$300	$600	20%				$4,000	$8,000	$4,300	$8,600	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$0	$0	20%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$2,000 $0	$4,000 $0	20% 0%				$4,000 $0	$8,000 $0	$6,000 $0	$12,000 $0	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%
																		$2,000	$4,000	20%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$2,000	$4,000	20%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$300	$600	20%				$4,000	$8,000	$4,300	$8,600	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$0	$0	20%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																		$2,000	$4,000	20%				$4,000	$8,000	$6,000	$12,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
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20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
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Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
		20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible						20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
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	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	0%		0%		$0	$0	0%	0%	$0		$0	$0	0%	0%	$0		$0	$0	0%	0%	$0		$0	$0	0%	0%	$0		$0	$0	0%	0%	$0		$0	$0	0%	0%
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%

Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							*Plan Attributes*																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0330006	BlueCross Silver S09S	14002TN033		TNN001	TNS001	TNF009	New	PPO	Silver	Yes	Both	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0330016	BlueCross Silver S09E	14002TN033		TNN003	TNS002	TNF009	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0370017	BlueCross Silver S09P	14002TN037		TNN002	TNS001	TNF009	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0230001	BlueCross MSP Silver S09P	14002TN023		TNN002	TNS001	TNF009	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			*General Information*								*Deductible and Out of Pocket Exceptions*			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard Worldwide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1276	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
Cost Sharing Reduction Information											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0330006-00	BlueCross Silver S09S	Silver	Standard Silver Off Exchange I	68.35%	68.35%	Yes	Yes	No	100%																										$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0330006-01		Silver	Standard Silver On Exchange I	68.35%	68.35%	Yes	Yes	No	100%																										$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0330006-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330006-03		Silver	Limited Cost Sharing Plan Var	68.35%	68.35%	Yes	Yes	No	100%																										$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0330006-04		Silver	73% AV Level Silver Plan	72.01%	72.01%	Yes	Yes	No	100%																										$3,650	$7,300			$13,500	$27,000	$17,150	$34,300
14002TN0330006-05		Silver	87% AV Level Silver Plan	86.25%	86.25%	Yes	Yes	No	100%																										$2,000	$4,000			$13,500	$27,000	$15,500	$31,000
14002TN0330006-06		Silver	94% AV Level Silver Plan	93.17%	93.17%	Yes	Yes	No	100%																										$800	$1,600			$13,500	$27,000	$14,300	$28,600
14002TN0330016-01	BlueCross Silver S09E	Silver	Standard Silver On Exchange I	68.35%	68.35%	Yes	Yes	No	100%																										$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0330016-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330016-03		Silver	Limited Cost Sharing Plan Var	68.35%	68.35%	Yes	Yes	No	100%																										$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0330016-04		Silver	73% AV Level Silver Plan	72.01%	72.01%	Yes	Yes	No	100%																										$3,650	$7,300			$13,500	$27,000	$17,150	$34,300
14002TN0330016-05		Silver	87% AV Level Silver Plan	86.25%	86.25%	Yes	Yes	No	100%																										$2,000	$4,000			$13,500	$27,000	$15,500	$31,000
14002TN0330016-06		Silver	94% AV Level Silver Plan	93.17%	93.17%	Yes	Yes	No	100%																										$800	$1,600			$13,500	$27,000	$14,300	$28,600
14002TN0370017-00	BlueCross Silver S09P	Silver	Standard Silver Off Exchange I	68.35%	68.35%	Yes	Yes	No	100%																										$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0230001-01	BlueCross MSP Silver S0(	Silver	Standard Silver On Exchange I	68.35%	68.35%	Yes	Yes	No	100%																										$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0230001-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0230001-03		Silver	Limited Cost Sharing Plan Var	68.35%	68.35%	Yes	Yes	No	100%																										$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0230001-04		Silver	73% AV Level Silver Plan	72.01%	72.01%	Yes	Yes	No	100%																										$3,650	$7,300			$13,500	$27,000	$17,150	$34,300
14002TN0230001-05		Silver	87% AV Level Silver Plan	86.25%	86.25%	Yes	Yes	No	100%																										$2,000	$4,000			$13,500	$27,000	$15,500	$31,000
14002TN0230001-06		Silver	94% AV Level Silver Plan	93.17%	93.17%	Yes	Yes	No	100%																										$800	$1,600			$13,500	$27,000	$14,300	$28,600

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network	In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network	In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network	Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																			$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$2,500 $0	$5,000 $0	20% 0%				$5,000 $0	$10,000 $0	$7,500 $0	$15,000 $0	No Charge $0		No Charge $0	20% Coinsurance after deductible $0	0%	50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible $0	0%	50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible $0	0%
																			$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$2,000	$4,000	20%				$5,000	$10,000	$7,000	$14,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$300	$600	20%				$5,000	$10,000	$5,300	$10,600	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$0	$0	20%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$2,500 $0	$5,000 $0	20% 0%				$5,000 $0	$10,000 $0	$7,500 $0	$15,000 $0	No Charge $0		No Charge $0	20% Coinsurance after deductible $0	0%	50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible $0	0%	50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible $0	0%
																			$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$2,000	$4,000	20%				$5,000	$10,000	$7,000	$14,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$300	$600	20%				$5,000	$10,000	$5,300	$10,600	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$0	$0	20%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$2,500 $0	$5,000 $0	20% 0%				$7,500 $0	$15,000 $0	$10,000 $0	$20,000 $0	No Charge $0		No Charge $0	20% Coinsurance after deductible $0	0%	50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible $0	0%	50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible $0	0%
																			$2,500	$5,000	20%				$7,500	$15,000	$10,000	$20,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$2,000	$4,000	20%				$7,500	$15,000	$9,500	$19,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$300	$600	20%				$7,500	$15,000	$7,800	$15,600	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
																			$0	$0	20%				$7,500	$15,000	$7,500	$15,000	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)					Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
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Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
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	$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
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Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
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No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
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No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%

Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
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$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
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	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
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	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after						20% Coinsurance after				20% Coinsurance after		50% Coinsurance after
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	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after						20% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	20%		deductible	No Charge		No Charge	deductible		deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							*Plan Attributes*																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0370004	BlueCross Sliver S10S	14002TN037		TNN001	TNS001	TNF012	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370018	BlueCross Sliver S10P	14002TN037		TNN002	TNS001	TNF012	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			*General Information*								*Deductible and Out of Pocket Exceptions*			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							No	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brocchures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brocchures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0370004-00	BlueCross Silver S10S	Silver	Standard Silver Off Exchange I	70.42%	70.42%	No	Yes	No	100%																												$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0370018-00	BlueCross Silver S10P	Silver	Standard Silver Off Exchange I	70.42%	70.42%	No	Yes	No	100%																												$5,500	$11,000			$16,500	$33,000	$22,000	$44,000

Medical EHB Deductible										Drug EHB Deductible										Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	$500	$1,000	20%				$0	$0	$500	$1,000											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	$500	$1,000	20%				$0	$0	$500	$1,000											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S
Coinsurance	**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible			
	No Charge		No Charge			No Charge	No Charge		No Charge			No Charge	No Charge		No Charge			No Charge	No Charge		No Charge			No Charge	No Charge		No Charge			No Charge	No Charge		No Charge			No Charge	No Charge		No Charge
	20% Coinsurance after deductible			50% Coinsurance after deductible						20% Coinsurance after deductible						20% Coinsurance after deductible						20% Coinsurance after deductible						20% Coinsurance after deductible						20% Coinsurance after deductible					
	No Charge		No Charge				No Charge		No Charge				No Charge		No Charge				No Charge		No Charge				No Charge		No Charge				No Charge		No Charge				No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							*Plan Attributes*																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0330007	BlueCross Silver S11S	14002TN033		TNN001	TNS001	TNF012	New	PPO	Silver	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0330017	BlueCross Silver S11E	14002TN033		TNN003	TNS002	TNF012	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370019	BlueCross Silver S11P	14002TN037		TNN002	TNS001	TNF012	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0230002	BlueCross MSP Silver S11P	14002TN023		TNN002	TNS001	TNF012	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			*General Information*								*Deductible and Out of Pocket Exceptions*			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							No	No	No	No
Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Specialty Drugs	Yes		Covered	No							No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard Worldwide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1276	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0330007-00	BlueCross Silver S11S	Silver	Standard Silver Off Exchange I	70.28%	70.28%	No	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0330007-01		Silver	Standard Silver On Exchange I	70.28%	70.28%	No	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0330007-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330007-03		Silver	Limited Cost Sharing Plan Var	70.28%	70.28%	No	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0330007-04		Silver	73% AV Level Silver Plan	72.33%	72.33%	No	Yes	No	100%																										$4,150	$8,300			$16,500	$33,000	$20,650	$41,300
14002TN0330007-05		Silver	87% AV Level Silver Plan	86.34%	86.34%	No	Yes	No	100%																										$1,500	$3,000			$16,500	$33,000	$18,000	$36,000
14002TN0330007-06		Silver	94% AV Level Silver Plan	93.03%	93.03%	No	Yes	No	100%																										$750	$1,500			$16,500	$33,000	$17,250	$34,500
14002TN0330017-01	BlueCross Silver S11E	Silver	Standard Silver On Exchange I	70.28%	70.28%	No	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0330017-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330017-03		Silver	Limited Cost Sharing Plan Var	70.28%	70.28%	No	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0330017-04		Silver	73% AV Level Silver Plan	72.33%	72.33%	No	Yes	No	100%																										$4,150	$8,300			$16,500	$33,000	$20,650	$41,300
14002TN0330017-05		Silver	87% AV Level Silver Plan	86.34%	86.34%	No	Yes	No	100%																										$1,500	$3,000			$16,500	$33,000	$18,000	$36,000
14002TN0330017-06		Silver	94% AV Level Silver Plan	93.03%	93.03%	No	Yes	No	100%																										$750	$1,500			$16,500	$33,000	$17,250	$34,500
14002TN0370019-00	BlueCross Silver S11P	Silver	Standard Silver Off Exchange I	70.28%	70.28%	No	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0230002-01	BlueCross MSP Silver S1:	Silver	Standard Silver On Exchange I	70.28%	70.28%	No	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0230002-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0230002-03		Silver	Limited Cost Sharing Plan Var	70.28%	70.28%	No	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0230002-04		Silver	73% AV Level Silver Plan	72.33%	72.33%	No	Yes	No	100%																										$4,150	$8,300			$16,500	$33,000	$20,650	$41,300
14002TN0230002-05		Silver	87% AV Level Silver Plan	86.34%	86.34%	No	Yes	No	100%																										$1,500	$3,000			$16,500	$33,000	$18,000	$36,000
14002TN0230002-06		Silver	94% AV Level Silver Plan	93.03%	93.03%	No	Yes	No	100%																										$750	$1,500			$16,500	$33,000	$17,250	$34,500

Medical EHB Deductible										Drug EHB Deductible										Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$2,500 $0	$5,000 $0	20% 0%				$5,000 $0	$10,000 $0	$7,500 $0	$15,000 $0	$0 $0	$0 $0	20% 0%				$0 $0	$0 $0	$0 $0	$0 $0											No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%
$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$500	$1,000	20%				$5,000	$10,000	$5,500	$11,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$0	$0	20%				$5,000	$10,000	$5,000	$10,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$2,500 $0	$5,000 $0	20% 0%				$5,000 $0	$10,000 $0	$7,500 $0	$15,000 $0	$0 $0	$0 $0	20% 0%				$0 $0	$0 $0	$0 $0	$0 $0											No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%
$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$500	$1,000	20%				$5,000	$10,000	$5,500	$11,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$0	$0	20%				$5,000	$10,000	$5,000	$10,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$2,500 $0	$5,000 $0	20% 0%				$5,000 $0	$10,000 $0	$7,500 $0	$15,000 $0	$0 $0	$0 $0	20% 0%				$0 $0	$0 $0	$0 $0	$0 $0											No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	20% Coinsurance after deductible 0%
$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$2,500	$5,000	20%				$5,000	$10,000	$7,500	$15,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$500	$1,000	20%				$5,000	$10,000	$5,500	$11,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible
$0	$0	20%				$5,000	$10,000	$5,000	$10,000	$0	$0	20%				$0	$0	$0	$0											No Charge		No Charge	deductible			No Charge		No Charge	deductible			No Charge		No Charge	deductible

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)					Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	$0	0%	0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	$0		No Charge	$0		0%	$0		No Charge	$0		0%	$0
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	$0	0%	0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	$8		No Charge	$0		0%	$35		No Charge	$0		0%	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	$0	0%	0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	$8		No Charge	$0		0%	$35		No Charge	$0		0%	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	$0	0%	0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	$8		No Charge	$0		0%	$35		No Charge	$0		0%	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
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Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$120	$0	No Charge	No Charge	$0	100% 0%	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$120	$0	No Charge	No Charge	$0	100% 0%	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$120	$0	No Charge	No Charge	$0	100% 0%	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$120	$0	No Charge	No Charge	$0	100% 0%	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	0% 50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%

Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
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$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	20% Coinsurance after deductible		No Charge	No Charge		No Charge	50%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
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	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
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	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
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	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
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	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
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$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
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	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after						20% Coinsurance after				20% Coinsurance after		50% Coinsurance after
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	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after						20% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	20%		deductible	No Charge		No Charge	deductible		deductible
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after						20% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	20%		deductible	No Charge		No Charge	deductible		deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0330008	BlueCross Silver S12S	14002TN033		TNN001	TNS001	TNF009	New	PPO	Silver	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0330018	BlueCross Silver S12E	14002TN033		TNN003	TNS002	TNF009	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370020	BlueCross Silver S12P	14002TN037		TNN002	TNS001	TNF009	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0230003	BlueCross MSP Silver S12P	14002TN023		TNN002	TNS001	TNF009	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard Worldwide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1276	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0330008-00	BlueCross Silver S12S	Silver	Standard Silver Off Exchange I	68.95%	68.95%	Yes	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0330008-01		Silver	Standard Silver On Exchange I	68.95%	68.95%	Yes	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0330008-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330008-03		Silver	Limited Cost Sharing Plan Var	68.95%	68.95%	Yes	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0330008-04		Silver	73% AV Level Silver Plan	72.07%	72.07%	Yes	Yes	No	100%																										$5,000	$10,000			$16,500	$33,000	$21,500	$43,000
14002TN0330008-05		Silver	87% AV Level Silver Plan	86.05%	86.05%	Yes	Yes	No	100%																										$2,000	$4,000			$16,500	$33,000	$18,500	$37,000
14002TN0330008-06		Silver	94% AV Level Silver Plan	93.01%	93.01%	Yes	Yes	No	100%																										$1,100	$2,200			$16,500	$33,000	$17,600	$35,200
14002TN0330018-01	BlueCross Silver S12E	Silver	Standard Silver On Exchange I	68.95%	68.95%	Yes	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0330018-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330018-03		Silver	Limited Cost Sharing Plan Var	68.95%	68.95%	Yes	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0330018-04		Silver	73% AV Level Silver Plan	72.07%	72.07%	Yes	Yes	No	100%																										$5,000	$10,000			$16,500	$33,000	$21,500	$43,000
14002TN0330018-05		Silver	87% AV Level Silver Plan	86.05%	86.05%	Yes	Yes	No	100%																										$2,000	$4,000			$16,500	$33,000	$18,500	$37,000
14002TN0330018-06		Silver	94% AV Level Silver Plan	93.01%	93.01%	Yes	Yes	No	100%																										$1,100	$2,200			$16,500	$33,000	$17,600	$35,200
14002TN0370020-00	BlueCross Silver S12P	Silver	Standard Silver Off Exchange I	68.95%	68.95%	Yes	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0230003-01	BlueCross MSP Silver S1:	Silver	Standard Silver On Exchange I	68.95%	68.95%	Yes	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0230003-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0230003-03		Silver	Limited Cost Sharing Plan Var	68.95%	68.95%	Yes	Yes	No	100%																										$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0230003-04		Silver	73% AV Level Silver Plan	72.07%	72.07%	Yes	Yes	No	100%																										$5,000	$10,000			$16,500	$33,000	$21,500	$43,000
14002TN0230003-05		Silver	87% AV Level Silver Plan	86.05%	86.05%	Yes	Yes	No	100%																										$2,000	$4,000			$16,500	$33,000	$18,500	$37,000
14002TN0230003-06		Silver	94% AV Level Silver Plan	93.01%	93.01%	Yes	Yes	No	100%																										$1,100	$2,200			$16,500	$33,000	$17,600	$35,200

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$4,000 $0	$8,000 $0	20% 0%				$8,000 $0	$16,000 $0	$12,000 $0	$24,000 $0	$10 $0		No Charge $0	No Charge 0%		50% Coinsurance after deductible	$10 $0		No Charge $0	No Charge 0%		50% Coinsurance after deductible	$10 $0		No Charge $0	No Charge 0%
																		$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$3,000	$6,000	20%				$8,000	$16,000	$11,000	$22,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$750	$1,500	20%				$8,000	$16,000	$8,750	$17,500	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$0	$0	20%				$8,000	$16,000	$8,000	$16,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$4,000 $0	$8,000 $0	20% 0%				$8,000 $0	$16,000 $0	$12,000 $0	$24,000 $0	$10 $0		No Charge $0	No Charge 0%		50% Coinsurance after deductible	$10 $0		No Charge $0	No Charge 0%		50% Coinsurance after deductible	$10 $0		No Charge $0	No Charge 0%
																		$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$3,000	$6,000	20%				$8,000	$16,000	$11,000	$22,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$750	$1,500	20%				$8,000	$16,000	$8,750	$17,500	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$0	$0	20%				$8,000	$16,000	$8,000	$16,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$4,000 $0	$8,000 $0	20% 0%				$8,000 $0	$16,000 $0	$12,000 $0	$24,000 $0	$10 $0		No Charge $0	No Charge 0%		50% Coinsurance after deductible	$10 $0		No Charge $0	No Charge 0%		50% Coinsurance after deductible	$10 $0		No Charge $0	No Charge 0%
																		$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$3,000	$6,000	20%				$8,000	$16,000	$11,000	$22,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$750	$1,500	20%				$8,000	$16,000	$8,750	$17,500	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
																		$0	$0	20%				$8,000	$16,000	$8,000	$16,000	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
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	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
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	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0%			50% Coinsurance after deductible			$10			No Charge			No Charge			50% Coinsurance after deductible			No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
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No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
		20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible						20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		100%		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible		No Charge		20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%

Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
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Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	20%		deductible	No Charge		No Charge	deductible		deductible
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after						20% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	20%		deductible	No Charge		No Charge	deductible		deductible
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after						20% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	20%		deductible	No Charge		No Charge	deductible		deductible
	20% Coinsurance after		50% Coinsurance after				20% Coinsurance after		50% Coinsurance after						20% Coinsurance after				20% Coinsurance after		50% Coinsurance after
No Charge	deductible		deductible	No Charge		No Charge	deductible		deductible	No Charge		No Charge	20%		deductible	No Charge		No Charge	deductible		deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes															
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0370005	BlueCross Silver S13S	14002TN037		TNN001	TNS001	TNF014	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370021	BlueCross Silver S13P	14002TN037		TNN002	TNS001	TNF014	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0370005-00	BlueCross Silver S13S	Silver	Standard Silver Off Exchange I	71.12%	71.12%	No	Yes	No	100%																												$5,500	$11,000			$16,500	$33,000	$22,000	$44,000
14002TN0370021-00	BlueCross Silver S13P	Silver	Standard Silver Off Exchange I	71.12%	71.12%	No	Yes	No	100%																												$5,500	$11,000			$16,500	$33,000	$22,000	$44,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$4,000	$8,000	20%				$8,000	$16,000	$12,000	$24,000	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		50% Coinsurance after deductible	$250
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		50% Coinsurance after deductible	$250

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$500		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$500		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0330009	BlueCross Silver S14S	14002TN033		TNN001	TNS001	TNF011	New	PPO	Silver	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0330019	BlueCross Silver S14E	14002TN033		TNN003	TNS002	TNF011	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370022	BlueCross Silver S14P	14002TN037		TNN002	TNS001	TNF011	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0330009-00	BlueCross Silver S14S	Silver	Standard Silver Off Exchange I	71.96%	71.96%	No	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330009-01		Silver	Standard Silver On Exchange I	71.96%	71.96%	No	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330009-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330009-03		Silver	Limited Cost Sharing Plan Var	71.96%	71.96%	No	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330009-04		Silver	73% AV Level Silver Plan	74.00%	74.00%	No	Yes	No	100%																										$5,200	$10,400			$19,050	$38,100	$24,250	$48,500
14002TN0330009-05		Silver	87% AV Level Silver Plan	86.21%	86.21%	No	Yes	No	100%																										$2,000	$4,000			$19,050	$38,100	$21,050	$42,100
14002TN0330009-06		Silver	94% AV Level Silver Plan	93.08%	93.08%	No	Yes	No	100%																										$850	$1,700			$19,050	$38,100	$19,900	$39,800
14002TN0330019-01	BlueCross Silver S14E	Silver	Standard Silver On Exchange I	71.96%	71.96%	No	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330019-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330019-03		Silver	Limited Cost Sharing Plan Var	71.96%	71.96%	No	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0330019-04		Silver	73% AV Level Silver Plan	74.00%	74.00%	No	Yes	No	100%																										$5,200	$10,400			$19,050	$38,100	$24,250	$48,500
14002TN0330019-05		Silver	87% AV Level Silver Plan	86.21%	86.21%	No	Yes	No	100%																										$2,000	$4,000			$19,050	$38,100	$21,050	$42,100
14002TN0330019-06		Silver	94% AV Level Silver Plan	93.08%	93.08%	No	Yes	No	100%																										$850	$1,700			$19,050	$38,100	$19,900	$39,800
14002TN0370022-00	BlueCross Silver S14P	Silver	Standard Silver Off Exchange I	71.96%	71.96%	No	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible										Drug EHB Deductible										Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$5,500	$11,000	20%				$11,000	$22,000	$16,500	$33,000	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$5,500 $0	$11,000 $0	20% 0%				$11,000 $0	$22,000 $0	$16,500 $0	$33,000 $0	$0 $0	$0 $0	20% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$10 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$40 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$10 $0		No Charge	No Charge $0	0%
$5,500	$11,000	20%				$11,000	$22,000	$16,500	$33,000	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$4,500	$9,000	20%				$11,000	$22,000	$15,500	$31,000	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$750	$1,500	20%				$11,000	$22,000	$11,750	$23,500	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$0	$0	20%				$11,000	$22,000	$11,000	$22,000	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$5,500 $0	$11,000 $0	20% 0%				$11,000 $0	$22,000 $0	$16,500 $0	$33,000 $0	$0 $0	$0 $0	20% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$10 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$40 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$10 $0		No Charge	No Charge $0	0%
$5,500	$11,000	20%				$11,000	$22,000	$16,500	$33,000	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$4,500	$9,000	20%				$11,000	$22,000	$15,500	$31,000	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$750	$1,500	20%				$11,000	$22,000	$11,750	$23,500	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$0	$0	20%				$11,000	$22,000	$11,000	$22,000	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$5,500	$11,000	20%				$11,000	$22,000	$16,500	$33,000	$0	$0	20%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
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20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
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0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100
No Charge	20% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$10		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge		No Charge	20% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$10		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$3		No Charge	No Charge		50% Coinsurance after deductible 0%	$50		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	$100
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100
No Charge	20% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$10		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge		No Charge	20% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$10		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge	$0	No Charge	20% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$3		No Charge	No Charge		50% Coinsurance after deductible 0%	$50		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	$100
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	$0	No Charge		0%	$0		$0	No Charge		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	$0	No Charge		0%	$0		$0	No Charge		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%

Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
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50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
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50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis					
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

	Allergy Testing						Chemotherapy						Radiation						Diabetes S
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay
	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
50% Coinsurance after deductible	No Charge		No Charge			0%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge			0%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
$0		$0	0%			0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge			0%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge			0%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge			0%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge			0%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge			0%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0			0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge			0%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge			0%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge			0%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
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No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
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Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0370006	BlueCross Silver S15S	14002TN037		TNN001	TNS001	TNF015	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370023	BlueCross Silver S15P	14002TN037		TNN002	TNS001	TNF015	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0370006-00	BlueCross Silver S15S	Silver	Standard Silver Off Exchange I	71.92%	71.92%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0370023-00	BlueCross Silver S15P	Silver	Standard Silver Off Exchange I	71.92%	71.92%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$5,500	$11,000	20%				$11,000	$22,000	$16,500	$33,000	$0	$0	20%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$5,500	$11,000	20%				$11,000	$22,000	$16,500	$33,000	$0	$0	20%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$75
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$75

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							*Plan Attributes*																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0330010	BlueCross Silver S16S	14002TN033		TNN001	TNS001	TNF010	New	PPO	Silver	Yes	Both	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0330020	BlueCross Silver S16E	14002TN033		TNN003	TNS002	TNF010	New	PPO	Silver	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No
14002TN0370024	BlueCross Silver S16P	14002TN037		TNN002	TNS001	TNF010	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			*General Information*								*Deductible and Out of Pocket Exceptions*			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
Cost Sharing Reduction Information											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0330010-00	BlueCross Silver S16S	Silver	Standard Silver Off Exchange I	68.84%	68.84%	Yes	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0330010-01		Silver	Standard Silver On Exchange I	68.84%	68.84%	Yes	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0330010-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330010-03		Silver	Limited Cost Sharing Plan Var	68.84%	68.84%	Yes	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0330010-04		Silver	73% AV Level Silver Plan	72.00%	72.00%	Yes	Yes	No	100%																										$2,950	$5,900			$10,500	$21,000	$13,450	$26,900
14002TN0330010-05		Silver	87% AV Level Silver Plan	86.24%	86.24%	Yes	Yes	No	100%																										$1,150	$2,300			$10,500	$21,000	$11,650	$23,300
14002TN0330010-06		Silver	94% AV Level Silver Plan	93.27%	93.27%	Yes	Yes	No	100%																										$500	$1,000			$10,500	$21,000	$11,000	$22,000
14002TN0330020-01	BlueCross Silver S16E	Silver	Standard Silver On Exchange I	68.84%	68.84%	Yes	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0330020-02		Silver	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0330020-03		Silver	Limited Cost Sharing Plan Var	68.84%	68.84%	Yes	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0330020-04		Silver	73% AV Level Silver Plan	72.00%	72.00%	Yes	Yes	No	100%																										$2,950	$5,900			$10,500	$21,000	$13,450	$26,900
14002TN0330020-05		Silver	87% AV Level Silver Plan	86.24%	86.24%	Yes	Yes	No	100%																										$1,150	$2,300			$10,500	$21,000	$11,650	$23,300
14002TN0330020-06		Silver	94% AV Level Silver Plan	93.27%	93.27%	Yes	Yes	No	100%																										$500	$1,000			$10,500	$21,000	$11,000	$22,000
14002TN0370024-00	BlueCross Silver S16P	Silver	Standard Silver Off Exchange I	68.84%	68.84%	Yes	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$2,950	$5,900	0%				$7,000	$14,000	$9,950	$19,900	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$1,150	$2,300	0%				$7,000	$14,000	$8,150	$16,300	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$500	$1,000	0%				$7,000	$14,000	$7,500	$15,000	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
																		$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$2,950	$5,900	0%				$7,000	$14,000	$9,950	$19,900	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$1,150	$2,300	0%				$7,000	$14,000	$8,150	$16,300	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$500	$1,000	0%				$7,000	$14,000	$7,500	$15,000	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge
	50% Coinsurance after deductible			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge			0% Coinsurance after deductible			50% Coinsurance after deductible			No Charge			No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
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Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	0%	0%	No Charge		No Charge	$0		100%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
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Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
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	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S		
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In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
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No Charge	$0 0% Coinsurance after deductible		0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0 0% Coinsurance after deductible		0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0 0% Coinsurance after deductible		0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0 0% Coinsurance after deductible		0% 50% Coinsurance after deductible
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Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0370008	BlueCross Silver S18S	14002TN037		TNN001	TNS001	TNF011	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0370026	BlueCross Silver S18P	14002TN037		TNN002	TNS001	TNF011	New	PPO	Silver	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0370008-00	BlueCross Silver S18S	Silver	Standard Silver Off Exchange I	71.75%	71.75%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0370026-00	BlueCross Silver S18P	Silver	Standard Silver Off Exchange I	71.75%	71.75%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$6,350	$12,700	0%				$12,700	$25,400	$19,050	$38,100	$0	$0	0%				$0	$0	$0	$0										$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$6,350	$12,700	0%				$12,700	$25,400	$19,050	$38,100	$0	$0	0%				$0	$0	$0	$0										$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$100

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$200		No Charge	No Charge		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S
Coinsurance	**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							*Plan Attributes*																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0340001	BlueCross Gold G01S	14002TN034		TNN001	TNS001	TNF006	New	PPO	Gold	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0340009	BlueCross Gold G01E	14002TN034		TNN003	TNS002	TNF006	New	PPO	Gold	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0380004	BlueCross Gold G01P	14002TN038		TNN002	TNS001	TNF006	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			*General Information*								*Deductible and Out of Pocket Exceptions*			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0340001-00	BlueCross Gold G01S	Gold	Standard Gold Off Exchange P	78.05%	78.05%	Yes	Yes	No	100%																										$5,250	$10,500			$15,750	$31,500	$21,000	$42,000
14002TN0340001-01		Gold	Standard Gold On Exchange P	78.05%	78.05%	Yes	Yes	No	100%																										$5,250	$10,500			$15,750	$31,500	$21,000	$42,000
14002TN0340001-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0340001-03		Gold	Limited Cost Sharing Plan Var	78.05%	78.05%	Yes	Yes	No	100%																										$5,250	$10,500			$15,750	$31,500	$21,000	$42,000
14002TN0340009-01	BlueCross Gold G01E	Gold	Standard Gold On Exchange P	78.05%	78.05%	Yes	Yes	No	100%																										$5,250	$10,500			$15,750	$31,500	$21,000	$42,000
14002TN0340009-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0340009-03		Gold	Limited Cost Sharing Plan Var	78.05%	78.05%	Yes	Yes	No	100%																										$5,250	$10,500			$15,750	$31,500	$21,000	$42,000
14002TN0380004-00	BlueCross Gold G01P	Gold	Standard Gold Off Exchange P	78.05%	78.05%	Yes	Yes	No	100%																										$5,250	$10,500			$15,750	$31,500	$21,000	$42,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$0	$0	35%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible
																		$0	$0	35%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	$0	0%	0%	$0		$0	$0	0%	0%	$0		$0	$0	0%
																		$0	$0	35%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible
																		$0	$0	35%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible
																		$0	$0	0%				$0	$0	$0	$0	$0		$0	$0	0%	0%	$0		$0	$0	0%	0%	$0		$0	$0	0%
																		$0	$0	35%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible
																		$0	$0	35%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible			
	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible			35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible			
	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible			35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible			
	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible			35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible			
	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible			35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible			
	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible			35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible			
	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		35% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		35% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		35% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		35% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		35% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		35% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
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No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0
No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
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Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		100%	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible
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	No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		100%	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%
	No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		100%	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%	No Charge	$0	No Charge	$0	35% Coinsurance after deductible	0%
	No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		100%	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible	
No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
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No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible	
No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	35% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible
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No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible				35% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	35% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							*Plan Attributes*																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0340002	BlueCross Gold G02S	14002TN034		TNN001	TNS001	TNF008	New	PPO	Gold	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0340010	BlueCross Gold G02E	14002TN034		TNN003	TNS002	TNF008	New	PPO	Gold	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0380005	BlueCross Gold G02P	14002TN038		TNN002	TNS001	TNF008	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			*General Information*								*Deductible and Out of Pocket Exceptions*			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0340002-00	BlueCross Gold G02S	Gold	Standard Gold Off Exchange P	81.78%	81.78%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0340002-01		Gold	Standard Gold On Exchange P	81.78%	81.78%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0340002-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0340002-03		Gold	Limited Cost Sharing Plan Var	81.78%	81.78%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0340010-01	BlueCross Gold G02E	Gold	Standard Gold On Exchange P	81.78%	81.78%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0340010-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0340010-03		Gold	Limited Cost Sharing Plan Var	81.78%	81.78%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0380005-00	BlueCross Gold G02P	Gold	Standard Gold Off Exchange P	81.78%	81.78%	Yes	Yes	No	100%																										$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$0	$0	25%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible
																		$0 $0	$0 $0	25% 0%				$5,000 $0	$10,000 $0	$5,000 $0	$10,000 $0	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%
																		$0	$0	25%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible
																		$0 $0	$0 $0	25% 0%				$5,000 $0	$10,000 $0	$5,000 $0	$10,000 $0	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%
																		$0	$0	25%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible
																		$0	$0	25%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	100%	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible
	No Charge		25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	100%	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible
	No Charge		25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
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Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
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No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
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No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
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50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	25% Coinsurance after deductible		50% Coinsurance after deductible				25% Coinsurance after deductible		50% Coinsurance after deductible				25% Coinsurance after deductible		50% Coinsurance after deductible				25% Coinsurance after deductible		50% Coinsurance after deductible
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No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0380001	BlueCross Gold G03S	14002TN038		TNN001	TNS001	TNF012	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0380006	BlueCross Gold G03P	14002TN038		TNN002	TNS001	TNF012	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						Yes	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						Yes	No	No	No	No
Specialty Drugs	Yes		Covered	No						Yes	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
Cost Sharing Reduction Information											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0380001-00	BlueCross Gold G03S	Gold	Standard Gold Off Exchange P	81.94%	81.94%	No	Yes	No	100%																												$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0380006-00	BlueCross Gold G03P	Gold	Standard Gold Off Exchange P	81.94%	81.94%	No	Yes	No	100%																												$4,000	$8,000			$12,000	$24,000	$16,000	$32,000

Medical EHB Deductible										Drug EHB Deductible										Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$1,000	$2,000	20%				$2,000	$4,000	$3,000	$6,000	$500	$1,000	20%				$0	$0	$500	$1,000											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$1,000	$2,000	20%				$2,000	$4,000	$3,000	$6,000	$500	$1,000	20%				$0	$0	$500	$1,000											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0340003	BlueCross Gold G04S	14002TN034		TNN001	TNS001	TNF012	New	PPO	Gold	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0340011	BlueCross Gold G04E	14002TN034		TNN003	TNS002	TNF012	New	PPO	Gold	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0380007	BlueCross Gold G04P	14002TN038		TNN002	TNS001	TNF012	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0340003-00	BlueCross Gold G04S	Gold	Standard Gold Off Exchange P	81.15%	81.15%	No	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0340003-01		Gold	Standard Gold On Exchange P	81.15%	81.15%	No	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0340003-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0340003-03		Gold	Limited Cost Sharing Plan Var	81.15%	81.15%	No	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0340011-01	BlueCross Gold G04E	Gold	Standard Gold On Exchange P	81.15%	81.15%	No	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0340011-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0340011-03		Gold	Limited Cost Sharing Plan Var	81.15%	81.15%	No	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000
14002TN0380007-00	BlueCross Gold G04P	Gold	Standard Gold Off Exchange P	81.15%	81.15%	No	Yes	No	100%																										$4,000	$8,000			$12,000	$24,000	$16,000	$32,000

Medical EHB Deductible										Drug EHB Deductible										Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$1,000	$2,000	20%				$2,000	$4,000	$3,000	$6,000	$0	$0	20%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$1,000 $0	$2,000 $0	20% 0%				$2,000 $0	$4,000 $0	$3,000 $0	$6,000 $0	$0 $0	$0 $0	20% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$35 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible 0%	$50 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible 0%	$35 $0		No Charge	No Charge $0	0%
$1,000	$2,000	20%				$2,000	$4,000	$3,000	$6,000	$0	$0	20%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$1,000 $0	$2,000 $0	20% 0%				$2,000 $0	$4,000 $0	$3,000 $0	$6,000 $0	$0 $0	$0 $0	20% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$35 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible 0%	$50 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible 0%	$35 $0		No Charge	No Charge $0	0%
$1,000	$2,000	20%				$2,000	$4,000	$3,000	$6,000	$0	$0	20%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$1,000	$2,000	20%				$2,000	$4,000	$3,000	$6,000	$0	$0	20%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	
	0%	$0	$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	
	0%	$0	$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
$0		0%		$0		$0	$0		0%	$0		$0			0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
$0		0%		$0		$0	$0		0%	$0		$0			0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	$0	$0	No Charge	$0	0%	40% 0%	$0	$0	No Charge	$0	0%	40% 0%	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	$0	$0	No Charge	$0	0%	40% 0%	$0	$0	No Charge	$0	0%	40% 0%	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	$0	$0	No Charge	$0	0%	40% 0%	$0	$0	No Charge	$0	0%	40% 0%	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
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50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
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50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing					
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible

	Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0380002	BlueCross Gold G05S	14002TN038		TNN001	TNS001	TNF012	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0380008	BlueCross Gold G05P	14002TN038		TNN002	TNS001	TNF012	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						Yes	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						Yes	No	No	No	No
Specialty Drugs	Yes		Covered	No						Yes	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0380002-00	BlueCross Gold G05S	Gold	Standard Gold Off Exchange P	79.03%	79.03%	No	Yes	No	100%																												$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0380008-00	BlueCross Gold G05P	Gold	Standard Gold Off Exchange P	79.03%	79.03%	No	Yes	No	100%																												$4,500	$9,000			$13,500	$27,000	$18,000	$36,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$1,500	$3,000	20%				$3,000	$6,000	$4,500	$9,000	$500	$1,000	20%				$0	$0	$500	$1,000											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$1,500	$3,000	20%				$3,000	$6,000	$4,500	$9,000	$500	$1,000	20%				$0	$0	$500	$1,000											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0340004	BlueCross Gold G06S	14002TN034		TNN001	TNS001	TNF012	New	PPO	Gold	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0340012	BlueCross Gold G06E	14002TN034		TNN003	TNS002	TNF012	New	PPO	Gold	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0380009	BlueCross Gold G06P	14002TN038		TNN002	TNS001	TNF012	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							No	No	No	No
Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Specialty Drugs	Yes		Covered	No							No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0340004-00	BlueCross Gold G06S	Gold	Standard Gold Off Exchange P	79.10%	79.10%	No	Yes	No	100%																												$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0340004-01		Gold	Standard Gold On Exchange P	79.10%	79.10%	No	Yes	No	100%																												$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0340004-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																												$0	$0			$0	$0	$0	$0
14002TN0340004-03		Gold	Limited Cost Sharing Plan Var	79.10%	79.10%	No	Yes	No	100%																												$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0340012-01	BlueCross Gold G06E	Gold	Standard Gold On Exchange P	79.10%	79.10%	No	Yes	No	100%																												$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0340012-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																												$0	$0			$0	$0	$0	$0
14002TN0340012-03		Gold	Limited Cost Sharing Plan Var	79.10%	79.10%	No	Yes	No	100%																												$4,500	$9,000			$13,500	$27,000	$18,000	$36,000
14002TN0380009-00	BlueCross Gold G06P	Gold	Standard Gold Off Exchange P	79.10%	79.10%	No	Yes	No	100%																												$4,500	$9,000			$13,500	$27,000	$18,000	$36,000

Medical EHB Deductible										Drug EHB Deductible										Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$1,500	$3,000	20%				$3,000	$6,000	$4,500	$9,000	$0	$0	20%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$1,500 $0	$3,000 $0	20% 0%				$3,000 $0	$6,000 $0	$4,500 $0	$9,000 $0	$0 $0	$0 $0	20% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$35 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$50 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$35 $0		No Charge	No Charge $0	0%
$1,500	$3,000	20%				$3,000	$6,000	$4,500	$9,000	$0	$0	20%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$1,500 $0	$3,000 $0	20% 0%				$3,000 $0	$6,000 $0	$4,500 $0	$9,000 $0	$0 $0	$0 $0	20% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$35 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$50 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$35 $0		No Charge	No Charge $0	0%
$1,500	$3,000	20%				$3,000	$6,000	$4,500	$9,000	$0	$0	20%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$1,500	$3,000	20%				$3,000	$6,000	$4,500	$9,000	$0	$0	20%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	
	0%	$0	$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	
	0%	$0	$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	
	50% Coinsurance after deductible			20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible						20% Coinsurance after deductible			50% Coinsurance after deductible											
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	0%		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	$35		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge	

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
$0		0%		$0		$0	$0		0%	$0		$0			0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
$0		0%		$0		$0	$0		0%	$0		$0			0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0		$0	$0		0%	$0
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	$0	$0	No Charge	$0	0%	40% 0%	$0	$0	No Charge	$0	0%	40% 0%	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	$0	$0	No Charge	$0	0%	40% 0%	$0	$0	No Charge	$0	0%	40% 0%	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	$0	$0	No Charge	$0	0%	40% 0%	$0	$0	No Charge	$0	0%	40% 0%	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			20% Coinsurance after deductible			50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing					
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible

	Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0380003	BlueCross Gold G07S	14002TN038		TNN001	TNS001	TNF001	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0380010	BlueCross Gold G07P	14002TN038		TNN002	TNS001	TNF001	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0380003-00	BlueCross Gold G07S	Gold	Standard Gold Off Exchange P	79.82%	79.82%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800
14002TN0380010-00	BlueCross Gold G07P	Gold	Standard Gold Off Exchange P	79.82%	79.82%	No	Yes	No	100%																												$6,350	$12,700			$19,050	$38,100	$25,400	$50,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$2,000	$4,000	20%				$4,000	$8,000	$6,000	$12,000	$0	$0	20%				$0	$0	$0	$0										$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$2,000	$4,000	20%				$4,000	$8,000	$6,000	$12,000	$0	$0	20%				$0	$0	$0	$0										$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge		0%	50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	$250		$250	No Charge		No Charge	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	$250		$250	No Charge		No Charge	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$25		No Charge	No Charge		50% Coinsurance after deductible	$50
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$25		No Charge	No Charge		50% Coinsurance after deductible	$50

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	
No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	20%		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes															
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0340005	BlueCross Gold G08S	14002TN034		TNN001	TNS001	TNF010	New	PPO	Gold	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0340013	BlueCross Gold G08E	14002TN034		TNN003	TNS002	TNF010	New	PPO	Gold	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0380011	BlueCross Gold G08P	14002TN038		TNN002	TNS001	TNF010	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0300001	BlueCross MSP Gold G08P	14002TN030		TNN002	TNS001	TNF010	New	PPO	Gold	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience,	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No

Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO Out of State is BlueCard PPO, In State is Out of Network	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
							1/1/2014		Yes	BlueCard WorldWide	Yes	Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-oavment/re	www.bcbst.com/brochures
Asthma, Heart Disease. Diabetes							1/1/2014		Yes	BlueCard Worldwide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1276	www.bcbst.com/individual-oavment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0340005-00	BlueCross Gold G08S	Gold	Standard Gold Off Exchange P	78.05%	78.05%	Yes	Yes	No	100%																												$2,100	$4,200			$6,300	$12,600	$8,400	$16,800
14002TN0340005-01		Gold	Standard Gold On Exchange P	78.05%	78.05%	Yes	Yes	No	100%																												$2,100	$4,200			$6,300	$12,600	$8,400	$16,800
14002TN0340005-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																												$0	$0			$0	$0	$0	$0
14002TN0340005-03		Gold	Limited Cost Sharing Plan Var	78.05%	78.05%	Yes	Yes	No	100%																												$2,100	$4,200			$6,300	$12,600	$8,400	$16,800
14002TN0340013-01	BlueCross Gold G08E	Gold	Standard Gold On Exchange P	78.05%	78.05%	Yes	Yes	No	100%																												$2,100	$4,200			$6,300	$12,600	$8,400	$16,800
14002TN0340013-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																												$0	$0			$0	$0	$0	$0
14002TN0340013-03		Gold	Limited Cost Sharing Plan Var	78.05%	78.05%	Yes	Yes	No	100%																												$2,100	$4,200			$6,300	$12,600	$8,400	$16,800
14002TN0380011-00	BlueCross Gold G08P	Gold	Standard Gold Off Exchange P	78.05%	78.05%	Yes	Yes	No	100%																												$2,100	$4,200			$6,300	$12,600	$8,400	$16,800
14002TN0300001-01	BlueCross MSP Gold G08	Gold	Standard Gold On Exchange P	78.05%	78.05%	Yes	Yes	No	100%																												$2,100	$4,200			$6,300	$12,600	$8,400	$16,800
14002TN0300001-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																												$0	$0			$0	$0	$0	$0
14002TN0300001-03		Gold	Limited Cost Sharing Plan Var	78.05%	78.05%	Yes	Yes	No	100%																												$2,100	$4,200			$6,300	$12,600	$8,400	$16,800

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$2,100	$4,200	0%				$4,200	$8,400	$6,300	$12,600	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$2,100 $0	$4,200 $0	0% 0%				$4,200 $0	$8,400 $0	$6,300 $0	$12,600 $0	No Charge $0		No Charge $0	0% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	0% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	0% Coinsurance after deductible 0%
																		$2,100	$4,200	0%				$4,200	$8,400	$6,300	$12,600	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$2,100 $0	$4,200 $0	0% 0%				$4,200 $0	$8,400 $0	$6,300 $0	$12,600 $0	No Charge $0		No Charge $0	0% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	0% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	0% Coinsurance after deductible 0%
																		$2,100	$4,200	0%				$4,200	$8,400	$6,300	$12,600	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$2,100	$4,200	0%				$4,200	$8,400	$6,300	$12,600	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible
																		$2,100 $0	$4,200 $0	0% 0%				$4,200 $0	$8,400 $0	$6,300 $0	$12,600 $0	No Charge $0		No Charge $0	0% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	0% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	0% Coinsurance after deductible 0%
																		$2,100	$4,200	0%				$4,200	$8,400	$6,300	$12,600	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible			
	50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0%	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	
	50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0%	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	
	0%	$0		0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	$0
	50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0%	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	
	50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0%	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	
	0%	$0		0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	$0
	50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0%	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	
	50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0%	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	
	0%	$0		0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	0%	$0	0%	$0		$0	$0
	50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0%	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	No Charge		No Charge	

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge
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No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge
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No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge		No Charge	$0		0%	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	0%	0%	No Charge		No Charge	$0	$0	0%	No Charge		No Charge	$0	$0	0%
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	0%	0%	No Charge		No Charge	$0	$0	0%	No Charge		No Charge	$0	$0	0%
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	0%	0%	No Charge		No Charge	$0	$0	0%	No Charge		No Charge	$0	$0	0%
	No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
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No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
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No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
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No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
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No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
No Charge		No Charge	$0	0%	50% Coinsurance after deductible	No Charge		No Charge	$0	0%	50% Coinsurance after deductible	No Charge		No Charge	$0	0%	50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
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	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child		
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible
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No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	20% 0%	0%	No Charge	$0	No Charge	$0	0%	0%
	0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		20% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge				No Charge		No Charge				No Charge		No Charge		20%		No Charge		No Charge			

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0340007	BlueCross Gold G10S	14002TN034		TNN001	TNS001	TNF004	New	PPO	Gold	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0340015	BlueCross Gold G10E	14002TN034		TNN003	TNS002	TNF004	New	PPO	Gold	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0380013	BlueCross Gold G10P	14002TN038		TNN002	TNS001	TNF004	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							No	No	No	No
Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Specialty Drugs	Yes		Covered	No							No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0340007-00	BlueCross Gold G10S	Gold	Standard Gold Off Exchange P	78.56%	78.56%	No	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0340007-01		Gold	Standard Gold On Exchange P	78.56%	78.56%	No	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0340007-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0340007-03		Gold	Limited Cost Sharing Plan Var	78.56%	78.56%	No	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0340015-01	BlueCross Gold G10E	Gold	Standard Gold On Exchange P	78.56%	78.56%	No	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0340015-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0340015-03		Gold	Limited Cost Sharing Plan Var	78.56%	78.56%	No	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0380013-00	BlueCross Gold G10P	Gold	Standard Gold Off Exchange P	78.56%	78.56%	No	Yes	No	100%																										$3,500	$7,000			$10,500	$21,000	$14,000	$28,000

Medical EHB Deductible										Drug EHB Deductible										Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$3,500 $0	$7,000 $0	0% 0%				$7,000 $0	$14,000 $0	$10,500 $0	$21,000 $0	$0 $0	$0 $0	0% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$35 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$50 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$35 $0		No Charge	No Charge $0	0%
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$3,500 $0	$7,000 $0	0% 0%				$7,000 $0	$14,000 $0	$10,500 $0	$21,000 $0	$0 $0	$0 $0	0% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$35 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$50 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$35 $0		No Charge	No Charge $0	0%
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0											$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible												0% Coinsurance after deductible		50% Coinsurance after deductible						
	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible			0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible												0% Coinsurance after deductible		50% Coinsurance after deductible						
	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0	$0	0%	0%	0%	$0	$0	$0	0%	0%	0%	$0	$0	$0	0%	0%	0%	$0	$0	$0	$0	$0	0%	$0	$0	$0	0%	0%	0%	$0	$0	$0	0%	0%	0%	$0	$0	$0
	50% Coinsurance after deductible			0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible												0% Coinsurance after deductible		50% Coinsurance after deductible						
	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible			0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible												0% Coinsurance after deductible		50% Coinsurance after deductible						
	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible			0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible						50% Coinsurance after deductible												0% Coinsurance after deductible		50% Coinsurance after deductible						
	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	No Charge		No Charge	50%	$0	50% Coinsurance after deductible	No Charge		No Charge	50%	$0	50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	No Charge		No Charge	50%	$0	50% Coinsurance after deductible	No Charge		No Charge	50%	$0	50% Coinsurance after deductible	No Charge
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge		No Charge	50%		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs						Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	50%		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	50%	$0	0% 50% Coinsurance after deductible	$100	$0	No Charge	No Charge	$0	100% 0%	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible
	No Charge	50%		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	50%	$0	0% 50% Coinsurance after deductible	$100	$0	No Charge	No Charge	$0	100% 0%	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible
	No Charge	50%		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	$0	$0	No Charge	$0	0%	40% 0%	$0	$0	No Charge	$0	0%	40% 0%	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	$0	$0	No Charge	$0	0%	40% 0%	$0	$0	No Charge	$0	0%	40% 0%	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	20% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	0% Coinsurance after deductible	No Charge	$0	No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			0% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
0%	$0		$0	0%		0%	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
0%	$0		$0	0%		0%	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge	0% Coinsurance after deductible		No Charge	50% Coinsurance after deductible		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0340008	BlueCross Gold G11S	14002TN034		TNN001	TNS001	TNF012	New	PPO	Gold	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0340016	BlueCross Gold G11E	14002TN034		TNN003	TNS002	TNF012	New	PPO	Gold	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0380014	BlueCross Gold G11P	14002TN038		TNN002	TNS001	TNF012	New	PPO	Gold	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0300002	BlueCross MSP Gold G11P	14002TN030		TNN002	TNS001	TNF012	New	PPO	Gold	Yes	On the Exchange	No	No			$0.00	Yes			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							No	No	No	No
Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Specialty Drugs	Yes		Covered	No							No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard Worldwide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1276	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0340008-00	BlueCross Gold G11S	Gold	Standard Gold Off Exchange P	79.68%	79.68%	No	Yes	No	100%																												$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0340008-01		Gold	Standard Gold On Exchange P	79.68%	79.68%	No	Yes	No	100%																												$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0340008-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																												$0	$0			$0	$0	$0	$0
14002TN0340008-03		Gold	Limited Cost Sharing Plan Var	79.68%	79.68%	No	Yes	No	100%																												$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0340016-01	BlueCross Gold G11E	Gold	Standard Gold On Exchange P	79.68%	79.68%	No	Yes	No	100%																												$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0340016-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																												$0	$0			$0	$0	$0	$0
14002TN0340016-03		Gold	Limited Cost Sharing Plan Var	79.68%	79.68%	No	Yes	No	100%																												$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0380014-00	BlueCross Gold G11P	Gold	Standard Gold Off Exchange P	79.68%	79.68%	No	Yes	No	100%																												$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0300002-01	BlueCross MSP Gold G11	Gold	Standard Gold On Exchange P	79.68%	79.68%	No	Yes	No	100%																												$3,500	$7,000			$10,500	$21,000	$14,000	$28,000
14002TN0300002-02		Gold	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																												$0	$0			$0	$0	$0	$0
14002TN0300002-03		Gold	Limited Cost Sharing Plan Var	79.68%	79.68%	No	Yes	No	100%																												$3,500	$7,000			$10,500	$21,000	$14,000	$28,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network			In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network			In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network			Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0										$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0										$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$0	$0	0%				$0	$0	$0	$0	$0	$0	0%				$0	$0	$0	$0										$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0										$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0										$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$0	$0	0%				$0	$0	$0	$0	$0	$0	0%				$0	$0	$0	$0										$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0										$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0										$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0										$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge
$0	$0	0%				$0	$0	$0	$0	$0	$0	0%				$0	$0	$0	$0										$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
$3,500	$7,000	0%				$7,000	$14,000	$10,500	$21,000	$0	$0	0%				$0	$0	$0	$0										$35		No Charge	No Charge		50% Coinsurance after deductible	$50		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	No Charge		0% Coinsurance after deductible	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$8		No Charge	No Charge	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	$60
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$8		No Charge	No Charge	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	$60
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$8		No Charge	No Charge	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	$60
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$8		No Charge	No Charge	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	$60
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60
No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	$0	50% Coinsurance after deductible	$8		No Charge	No Charge	$0	50% Coinsurance after deductible	$35		No Charge	No Charge	$0	50% Coinsurance after deductible	$60
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$8		No Charge	No Charge		50% Coinsurance after deductible	$35		No Charge	No Charge		50% Coinsurance after deductible	$60

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$120	$0	No Charge	No Charge	$0	100% 0%	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$120	$0	No Charge	No Charge	$0	100% 0%	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$120	$0	No Charge	No Charge	$0	100% 0%	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 0% Coinsurance after deductible	50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$120		No Charge	No Charge		100%	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible	No Charge		No Charge		0% Coinsurance after deductible	50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
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50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50%
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50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%
	0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	0%	0%	No Charge	$0	No Charge	$0	20%	0%	No Charge	$0	No Charge	$0	0%	0%
	0% Coinsurance after deductible		50% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible				20% Coinsurance after deductible		20% Coinsurance after deductible				0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge				No Charge		No Charge				No Charge		No Charge		20%		No Charge		No Charge			

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0350001	BlueCross Platinum P01S	14002TN035		TNN001	TNS001	TNF001	New	PPO	Platinum	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0350004	BlueCross Platinum P01E	14002TN035		TNN003	TNS002	TNF001	New	PPO	Platinum	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0390002	BlueCross Platinum P01P	14002TN039		TNN002	TNS001	TNF001	New	PPO	Platinum	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							No	No	No	No
Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Specialty Drugs	Yes		Covered	No							No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0350001-00	BlueCross Platinum P01S	Platinum	Standard Platinum Off Exchan	88.25%	88.25%	No	Yes	No	100%																										$1,800	$3,600			$5,400	$10,800	$7,200	$14,400
14002TN0350001-01		Platinum	Standard Platinum On Exchan	88.25%	88.25%	No	Yes	No	100%																										$1,800	$3,600			$5,400	$10,800	$7,200	$14,400
14002TN0350001-02		Platinum	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0350001-03		Platinum	Limited Cost Sharing Plan Var	88.25%	88.25%	No	Yes	No	100%																										$1,800	$3,600			$5,400	$10,800	$7,200	$14,400
14002TN0350004-01	BlueCross Platinum P01E	Platinum	Standard Platinum On Exchan	88.25%	88.25%	No	Yes	No	100%																										$1,800	$3,600			$5,400	$10,800	$7,200	$14,400
14002TN0350004-02		Platinum	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0350004-03		Platinum	Limited Cost Sharing Plan Var	88.25%	88.25%	No	Yes	No	100%																										$1,800	$3,600			$5,400	$10,800	$7,200	$14,400
14002TN0390002-00	BlueCross Platinum P01P	Platinum	Standard Platinum Off Exchan	88.25%	88.25%	No	Yes	No	100%																										$1,800	$3,600			$5,400	$10,800	$7,200	$14,400

Medical EHB Deductible										Drug EHB Deductible										Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$0	$0	50%				$5,000	$10,000	$5,000	$10,000	$0	$0	50%				$0	$0	$0	$0											$20		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$20		No Charge	No Charge
$0 $0	$0 $0	50% 0%				$5,000 $0	$10,000 $0	$5,000 $0	$10,000 $0	$0 $0	$0 $0	50% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$20 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$40 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$20 $0		No Charge	No Charge $0	0%
$0	$0	50%				$5,000	$10,000	$5,000	$10,000	$0	$0	50%				$0	$0	$0	$0											$20		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$20		No Charge	No Charge
$0 $0	$0 $0	50% 0%				$5,000 $0	$10,000 $0	$5,000 $0	$10,000 $0	$0 $0	$0 $0	50% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$20 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$40 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$20 $0		No Charge	No Charge $0	0%
$0	$0	50%				$5,000	$10,000	$5,000	$10,000	$0	$0	50%				$0	$0	$0	$0											$20		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$20		No Charge	No Charge
$0	$0	50%				$5,000	$10,000	$5,000	$10,000	$0	$0	50%				$0	$0	$0	$0											$20		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$20		No Charge	No Charge

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible		
	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		0%	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		0%	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible		
	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		0%	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		0%	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible		
	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		0%	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		No Charge	No Charge		No Charge	50% Coinsurance after deductible		0%	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$25		No Charge	No Charge		50% Coinsurance after deductible	$50
No Charge	50% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$20		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge	$0	No Charge	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	$20	$0	No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge	$0	No Charge	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	$3	$0	No Charge	No Charge	$0	50% Coinsurance after deductible 0%	$25	$0	No Charge	No Charge	$0	50% Coinsurance after deductible 0%	$50
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$25		No Charge	No Charge		50% Coinsurance after deductible	$50
No Charge	50% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$20		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge	$0	No Charge	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	$20	$0	No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge	$0	No Charge	50% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	$3	$0	No Charge	No Charge	$0	50% Coinsurance after deductible 0%	$25	$0	No Charge	No Charge	$0	50% Coinsurance after deductible 0%	$50
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$20		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$25		No Charge	No Charge		50% Coinsurance after deductible	$50

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$100	$0	No Charge	No Charge	$0	0% 100%	No Charge	$0	No Charge	$0	0% 50% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 50% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 50% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 50% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 50% Coinsurance after deductible	0% 50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$100	$0	No Charge	No Charge	$0	0% 100%	No Charge	$0	No Charge	$0	0% 50% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 50% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 50% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 50% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 50% Coinsurance after deductible	0% 50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible
$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible

Rehabilitative Speech Therapy				
Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible	
$0		$0	0%	
No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible	
$0		$0	0%	
No Charge		No Charge	50% Coinsurance after deductible	
No Charge		No Charge	50% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge	$0	No Charge	50% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	0%	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	0%	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	0%	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	20%	0%	20% Coinsurance after deductible	No Charge	$0	No Charge		0%	50% Coinsurance after deductible	No Charge	$0	No Charge	50%	0%
50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge			50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge	$0	No Charge	50% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	0%	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	0%	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	0%	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	20%	0%	20% Coinsurance after deductible	No Charge	$0	No Charge		0%	50% Coinsurance after deductible	No Charge	$0	No Charge	50%	0%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible		
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible		
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge
	0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		$0
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible		
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge
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	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge
	0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		0%	$0		$0
	50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible			50% Coinsurance after deductible		
	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		0%	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%	
50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0%	50% Coinsurance after deductible
	50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible				50% Coinsurance after deductible		50% Coinsurance after deductible
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No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0350002	BlueCross Platinum P02S	14002TN035		TNN001	TNS001	TNF008	New	PPO	Platinum	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0350005	BlueCross Platinum P02E	14002TN035		TNN003	TNS002	TNF008	New	PPO	Platinum	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0390003	BlueCross Platinum P02P	14002TN039		TNN002	TNS001	TNF008	New	PPO	Platinum	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	Yes	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							Yes	No	No	No
Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							Yes	No	No	No
Specialty Drugs	Yes		Covered	No							Yes	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	Yes	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	Yes	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0350002-00	BlueCross Platinum P02S	Platinum	Standard Platinum Off Exchan	89.22%	89.22%	Yes	Yes	No	100%																										$1,500	$3,000			$4,500	$9,000	$6,000	$12,000
14002TN0350002-01		Platinum	Standard Platinum On Exchan	89.22%	89.22%	Yes	Yes	No	100%																										$1,500	$3,000			$4,500	$9,000	$6,000	$12,000
14002TN0350002-02		Platinum	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0350002-03		Platinum	Limited Cost Sharing Plan Var	89.22%	89.22%	Yes	Yes	No	100%																										$1,500	$3,000			$4,500	$9,000	$6,000	$12,000
14002TN0350005-01	BlueCross Platinum P02E	Platinum	Standard Platinum On Exchan	89.22%	89.22%	Yes	Yes	No	100%																										$1,500	$3,000			$4,500	$9,000	$6,000	$12,000
14002TN0350005-02		Platinum	Zero Cost Sharing Plan Variati	100.00%	100.00%	Yes	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0350005-03		Platinum	Limited Cost Sharing Plan Var	89.22%	89.22%	Yes	Yes	No	100%																										$1,500	$3,000			$4,500	$9,000	$6,000	$12,000
14002TN0390003-00	BlueCross Platinum P02P	Platinum	Standard Platinum Off Exchan	89.22%	89.22%	Yes	Yes	No	100%																										$1,500	$3,000			$4,500	$9,000	$6,000	$12,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
																		$0	$0	25%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible
																		$0 $0	$0 $0	25% 0%				$5,000 $0	$10,000 $0	$5,000 $0	$10,000 $0	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%
																		$0	$0	25%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible
																		$0 $0	$0 $0	25% 0%				$5,000 $0	$10,000 $0	$5,000 $0	$10,000 $0	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%		50% Coinsurance after deductible 0%	No Charge $0		No Charge $0	25% Coinsurance after deductible 0%
																		$0	$0	25%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible
																		$0	$0	25%				$5,000	$10,000	$5,000	$10,000	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	100%	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible
	No Charge		25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	100%	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible	No Charge	$0	No Charge	$0	25% Coinsurance after deductible	0%	50% Coinsurance after deductible
	No Charge		25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge		25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%
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50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	20% Coinsurance after deductible		No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	25% Coinsurance after deductible		50% Coinsurance after deductible				25% Coinsurance after deductible		50% Coinsurance after deductible				25% Coinsurance after deductible		50% Coinsurance after deductible				25% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible

Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes																
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0350003	BlueCross Platinum P03S	14002TN035		TNN001	TNS001	TNF001	New	PPO	Platinum	Yes	Both	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0350006	BlueCross Platinum P03E	14002TN035		TNN003	TNS002	TNF001	New	PPO	Platinum	Yes	On the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0390004	BlueCross Platinum P03P	14002TN039		TNN002	TNS001	TNF001	New	PPO	Platinum	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No							No	No	No	No
Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No							No	No	No	No
Specialty Drugs	Yes		Covered	No							No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No

Well Baby Visits and Care			Covered	No			Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	Out of State is BlueCard PPO, In State is Out of Network Benefits	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
14002TN0350003-00	BlueCross Platinum P03S	Platinum	Standard Platinum Off Exchan	88.26%	88.26%	No	Yes	No	100%																										$3,000	$6,000			$9,000	$18,000	$12,000	$24,000
14002TN0350003-01		Platinum	Standard Platinum On Exchan	88.26%	88.26%	No	Yes	No	100%																										$3,000	$6,000			$9,000	$18,000	$12,000	$24,000
14002TN0350003-02		Platinum	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0350003-03		Platinum	Limited Cost Sharing Plan Var	88.26%	88.26%	No	Yes	No	100%																										$3,000	$6,000			$9,000	$18,000	$12,000	$24,000
14002TN0350006-01	BlueCross Platinum P03E	Platinum	Standard Platinum On Exchan	88.26%	88.26%	No	Yes	No	100%																										$3,000	$6,000			$9,000	$18,000	$12,000	$24,000
14002TN0350006-02		Platinum	Zero Cost Sharing Plan Variati	100.00%	100.00%	No	Yes	No	100%																										$0	$0			$0	$0	$0	$0
14002TN0350006-03		Platinum	Limited Cost Sharing Plan Var	88.26%	88.26%	No	Yes	No	100%																										$3,000	$6,000			$9,000	$18,000	$12,000	$24,000
14002TN0390004-00	BlueCross Platinum P03P	Platinum	Standard Platinum Off Exchan	88.26%	88.26%	No	Yes	No	100%																										$3,000	$6,000			$9,000	$18,000	$12,000	$24,000

Medical EHB Deductible										Drug EHB Deductible										Combined Medical and Drug EHB Deductible										Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$0	$0	25%				$5,000	$10,000	$5,000	$10,000	$0	$0	25%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$0 $0	$0 $0	25% 0%				$5,000 $0	$10,000 $0	$5,000 $0	$10,000 $0	$0 $0	$0 $0	25% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$10 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$40 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$10 $0		No Charge	No Charge $0	0%
$0	$0	25%				$5,000	$10,000	$5,000	$10,000	$0	$0	25%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$0 $0	$0 $0	25% 0%				$5,000 $0	$10,000 $0	$5,000 $0	$10,000 $0	$0 $0	$0 $0	25% 0%				$0 $0	$0 $0	$0 $0	$0 $0											$10 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$40 $0		No Charge	No Charge $0	0%	50% Coinsurance after deductible	$10 $0		No Charge	No Charge $0	0%
$0	$0	25%				$5,000	$10,000	$5,000	$10,000	$0	$0	25%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$0	$0	25%				$5,000	$10,000	$5,000	$10,000	$0	$0	25%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$40		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge

ician Assistant)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	$0		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		25% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$25		No Charge	No Charge		50% Coinsurance after deductible	$50
No Charge	25% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$10		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge		No Charge	25% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$10		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge		No Charge	25% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$3		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	$25		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	$50
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$25		No Charge	No Charge		50% Coinsurance after deductible	$50
No Charge	25% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$10		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge		No Charge	25% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$10		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	No Charge		No Charge	25% Coinsurance after deductible	$0	50% Coinsurance after deductible 0%	$3		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	$25		No Charge	No Charge	$0	50% Coinsurance after deductible 0%	$50
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$25		No Charge	No Charge		50% Coinsurance after deductible	$50

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$100	$0	No Charge	No Charge	$0	0% 100%	No Charge	$0	No Charge	$0	0% 25% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 25% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 25% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 25% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 25% Coinsurance after deductible	0% 50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge	$0	0% 50% Coinsurance after deductible	$100	$0	No Charge	No Charge	$0	0% 100%	No Charge	$0	No Charge	$0	0% 25% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 25% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 25% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 25% Coinsurance after deductible	0% 50% Coinsurance after deductible	No Charge	$0	No Charge	$0	0% 25% Coinsurance after deductible	0% 50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible	
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	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	25%		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	25%		50% Coinsurance after deductible	No Charge		No Charge	50%
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	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes E		
Coinsurance	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
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Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
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25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
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25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	25% Coinsurance after deductible		50% Coinsurance after deductible				25% Coinsurance after deductible		50% Coinsurance after deductible				25% Coinsurance after deductible		50% Coinsurance after deductible				25% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
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$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%	$0		$0	0%		0%
No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	25% Coinsurance after deductible		50% Coinsurance after deductible
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Plans & Benefits Template v1.31

HIOS Issuer ID*	14002
Issuer State*	TN
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	62-0427913

To use this template, please review the user guide and instructions.
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

Plan Identifiers							Plan Attributes															
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
14002TN0390001	BlueCross Platinum P04S	14002TN039		TNN001	TNS001	TNF001	New	PPO	Platinum	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No
14002TN0390005	BlueCross Platinum P04P	14002TN039		TNN002	TNS001	TNF001	New	PPO	Platinum	Yes	Off the Exchange	No	No			$0.00	No			Allows Adult and Child-Only		No

Benefit Information			General Information								Deductible and Out of Pocket Exceptions			
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Specialist Visit	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Outpatient Surgery Physician/Surgical Services	Yes		Covered	No				a. Rehabilitative therapies in excess of	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hospice Services	Yes		Covered	No				a. Inpatient hospice services, unless	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Non-Emergency Care When Traveling Outside the U.S.	Yes		Covered	No				a. Office visits, physical exams and	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Routine Dental Services (Adult)														
Infertility Treatment	Yes		Covered	No				a. Services or supplies that are	Medically Necessary and Appropriate family	Additional EHB Be	Yes	No	No	No
Long-Term/Custodial Nursing Home Care														
Private-Duty Nursing														
Routine Eye Exam (Adult)														
Urgent Care Centers or Facilities	Yes		Covered	No				a. Office visits, physical exams and	Covered under the physician's office visit	Additional EHB Be	No	No	No	No
Home Health Care Services	Yes		Covered	Yes	60	Visit(s) per Year		a. Items such as non-treatment services or:	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Room Services	Yes	Yes	Covered	No				a. Treatment of a chronic, non-	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Emergency Transportation/Ambulance	Yes		Covered	No				a. Transportation for Your convenience.	Medically Necessary and Appropriate land	Additional EHB Be	Yes	No	No	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inpatient Physician and Surgical Services	Yes		Covered	No				a. Inpatient stays primarily for therapy	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Bariatric Surgery														
Cosmetic Surgery														
Skilled Nursing Facility	Yes		Covered	Yes	60	Visit(s) per Year		a. Custodial, domiciliary or private	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Prenatal and Postnatal Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	No	No	No	No
Delivery and All Inpatient Services for Maternity Care	Yes		Covered	No					Maternity and delivery services (including	Additional EHB Be	Yes	No	No	No
Mental/Behavioral Health Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Mental/Behavioral Health Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Substance Abuse Disorder Outpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Substance Abuse Disorder Inpatient Services	Yes		Covered	No				a. Pastoral counseling.	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Generic Drugs	Yes		Covered	No						No	No	No	No	No
Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Non-Preferred Brand Drugs	Yes		Covered	No						No	No	No	No	No
Specialty Drugs	Yes		Covered	No						No	No	No	No	No
Outpatient Rehabilitation Services	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Habilitation Services	Yes	Yes	Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Chiropractic Care	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Durable Medical Equipment	Yes		Covered	No				a. Charges exceeding the total cost of the	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Hearing Aids	Yes	Yes	Covered	Yes	1	Item(s) per 3 Years		Hearing aids for Members age 18 or	Hearing aids for Members under age	Additional EHB Be	Yes	No	No	No
Imaging (CT/PET Scans, MRIs)	Yes		Covered	No				a. Diagnostic Services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Preventive Care/Screening/Immunization	Yes	Yes	Covered	Yes	1	Visit(s) per Year			Preventive health exam for adults and	Additional EHB Be	No	No	No	No
Routine Foot Care	Yes		Covered	No				Routine foot care for the treatment of: (1)	Covered only for members with	Additional EHB Be	Yes	No	No	No
Acupuncture														
Weight Loss Programs														
Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year					No	No	No	No
Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year					No	No	No	No
Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months					No	No	No	No
Rehabilitative Speech Therapy	Yes		Covered	Yes	20	Visit(s) per Year		a. Treatment beyond what can reasonably	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered	Yes	40	Visit(s) per Year		a. Treatment beyond what can reasonably	Limited to 20 visits per therapy type per	Additional EHB Be	Yes	No	No	No
Well Baby Visits and Care			Covered	No						Additional EHB Be	No	No	No	No
Laboratory Outpatient and Professional Services	Yes		Covered	No				a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No

X-rays and Diagnostic Imaging	Yes		Covered	No	a. Diagnostic services that are not Medically	Medically Necessary and Appropriate	Additional EHB Be	No	No	No	No
Basic Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Orthodontia – Child	Yes		Covered	No	a. Orthodontia for members over age	Limitations may apply.	Additional EHB Be	Yes	No	No	No
Major Dental Care – Child	Yes		Covered	No		Limitations may apply.	Additional EHB Be	No	No	No	No
Basic Dental Care – Adult											
Orthodontia – Adult											
Major Dental Care – Adult											
Abortion for Which Public Funding is Prohibited											
Transplant	Yes		Covered	No	a. Transplant and related services that	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Accidental Dental			Covered	No	a. Routine dental care and related services	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Dialysis			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Allergy Testing			Covered	No			Additional EHB Be	No	No	No	No
Chemotherapy			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Radiation			Covered	No		Cost share varies based on place of	Additional EHB Be	Yes	No	No	No
Diabetes Education			Covered	No			Additional EHB Be	Yes	No	No	No
Prosthetic Devices	Yes		Covered	No	a. Hearing aids for Members age	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Infusion Therapy			Covered	No			Additional EHB Be	Yes	No	No	No
Treatment for Temporomandibular Joint Disorders	Yes		Covered	No	a. Treatment for routine dental care	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Nutritional Counseling											
Reconstructive Surgery	Yes	Yes	Covered	No				Yes	No	No	No
Clinical Trials		Yes	Covered	No				Yes	No	No	No
Diabetes Care Management		Yes	Covered	No	a. Treatments or supplies that are not	Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Inherited Metabolic Disorder - PKU		Yes	Covered	No				Yes	No	No	No
Off Label Prescription Drugs		Yes	Covered	No	FDA approved drugs used for purposes	Benefits are paid in conjunction with the	Additional EHB Be	No	No	No	No
Dental Anesthesia		Yes	Covered	No		Medically Necessary and Appropriate	Additional EHB Be	Yes	No	No	No
Congenital Anomaly, including Cleft Lip/Palate		Yes	Covered	No				Yes	No	No	No

	Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					URLs		
Disease Management Programs Offered	EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures
Asthma, Heart Disease, Diabetes							1/1/2014		Yes	BlueCard WorldWide	Yes	BlueCard PPO	Yes	http://www.bcbst.com/sbc/2014/1296	www.bcbst.com/individual-payment/re	www.bcbst.com/brochures

Cost Sharing Reduction Information											SBC Scenario								Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
											Having a Baby				Having Diabetes				In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Deductible*	*Copayment*	*Coinsurance*	*Limit*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
14002TN0390001-00	BlueCross Platinum P04S	Platinum	Standard Platinum Off Exchan	89.41%	89.41%	No	Yes	No	100%																												$1,500	$3,000			$4,500	$9,000	$6,000	$12,000
14002TN0390005-00	BlueCross Platinum P04P	Platinum	Standard Platinum Off Exchan	89.41%	89.41%	No	Yes	No	100%																												$1,500	$3,000			$4,500	$9,000	$6,000	$12,000

Medical EHB Deductible									Drug EHB Deductible									Combined Medical and Drug EHB Deductible									Primary Care Visit to Treat an Injury or Illness						Specialist Visit						Other Practitioner Office Visit (Nurse, Phys			
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		Copay			Coinsurance			Copay			Coinsurance			Copay			
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
$1,500	$3,000	0%				$3,000	$6,000	$4,500	$9,000	$0	$0	0%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge
$1,500	$3,000	0%				$3,000	$6,000	$4,500	$9,000	$0	$0	0%				$0	$0	$0	$0											$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	$10		No Charge	No Charge

ician Assistant)		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						Outpatient Surgery Physician/Surgical Services						Hospice Services						Non-Emergency Care When Traveling Outside the U.S.						Infertility Treatment						Urgent Care Centers or Facilities						Home Health C		
Coinsurance		Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge

Care Services			Emergency Room Services						Emergency Transportation/Ambulance						Inpatient Hospital Services (e.g., Hospital Stay)						Inpatient Physician and Surgical Services						Skilled Nursing Facility						Prenatal and Postnatal Care						Delivery and
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0 Copay per Day		$0 Copay per Day	0% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge	

All Inpatient Services for Maternity Care				Mental/Behavioral Health Outpatient Services						Mental/Behavioral Health Inpatient Services						Substance Abuse Disorder Outpatient Services						Substance Abuse Disorder Inpatient Services						Generic Drugs						Preferred Brand Drugs						
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$25		No Charge	No Charge		50% Coinsurance after deductible	$50
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$10		No Charge	No Charge		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$3		No Charge	No Charge		50% Coinsurance after deductible	$25		No Charge	No Charge		50% Coinsurance after deductible	$50

Non-Preferred Brand Drugs					Specialty Drugs						Outpatient Rehabilitation Services						Habilitation Services						Chiropractic Care						Durable Medical Equipment						Hearing Aids					
Copay		Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 2)	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
	No Charge	No Charge		50% Coinsurance after deductible	$100		No Charge	No Charge		100%	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Imaging (CT/PET Scans, MRIs)						Preventive Care/Screening/Immunization						Routine Foot Care						Routine Eye Exam for Children						Eye Glasses for Children						Dental Check-Up for Children						Rehabilitative Speech Therapy				
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	
No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	$0		No Charge	No Charge		40%	$0		No Charge	No Charge		40%	No Charge		No Charge	0%		0% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible	

	Rehabilitative Occupational and Rehabilitative Physical Therapy						Well Baby Visits and Care						Laboratory Outpatient and Professional Services						X-rays and Diagnostic Imaging						Basic Dental Care – Child						Orthodontia – Child						Major Dental Care – Child			
	Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%
50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	20%		20% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	50%

	Transplant						Accidental Dental						Dialysis						Allergy Testing						Chemotherapy						Radiation						Diabetes S
Coinsurance	**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**			**Coinsurance**			**Copay**		
In Network (Tier 2)	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge
	50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0%		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge

Education			Prosthetic Devices						Infusion Therapy						Treatment for Temporomandibular Joint Disorders						Reconstructive Surgery						Clinical Trials						Diabetes Care Management						Inhe	
Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay	
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	
0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge	

rited Metabolic Disorder - PKU				Off Label Prescription Drugs						Dental Anesthesia						Congenital Anomaly, including Cleft Lip/Palate					
	Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
Out of Network	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible
No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible	No Charge		No Charge	0% Coinsurance after deductible		50% Coinsurance after deductible

Data Collection Template

Company Legal Name:	**BCBST**	State:	**TN**
HIOS Issuer ID:	**14002**	Market:	**Individual**
Effective Date of Rate Change(s):	**1/1/2014**		

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 1/1/2012 to 12/31/2012

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$95,222,479	$185.70	100.00%
Incurred Claims in Experience Period	$69,104,839	134.77	72.57%
Allowed Claims:	$108,747,114	212.08	114.20%
Index Rate of Experience Period		$212.08	
Experience Period Member Months	512,772		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2014 to 12/31/2014 Mid-point to Mid-point, Experience to Projection: 24 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Pop'l risk Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**
Inpatient Hospital	Admits	28.81	$17,542.71	$42.11	1.141	1.133	1.058	1.027	34.66	$22,242.24	$64.25	48.55	$18,336.05	$74.19
Outpatient Hospital	Visits	700.83	793.18	46.32	1.141	1.133	1.058	1.027	843.27	1,005.67	70.67	1151.04	968.05	92.86
Professional	Visits	6,366.46	171.00	90.72	1.141	1.133	1.058	1.027	7,660.41	216.80	138.40	9733.35	189.23	153.48
Other Medical	Other	260.00	204.85	4.44	1.141	1.133	1.058	1.027	312.84	259.73	6.77	240.29	439.13	8.79
Capitation	Other	0.00	0.00	0.00	1.000	1.000	1.000	1.000	0.00	0.00	0.00	0.00	0.00	0.00
Prescription Drug	Prescriptions	7,461.48	45.81	28.48	1.141	1.144	1.075	1.000	8,512.12	60.55	42.95	8696.49	93.56	67.80
Total				$212.08							$323.04			$397.13

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	90.00%	10.00%	$330.45	$448,090,871
Paid to Allowed Average Factor in Projection Period			0.650	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$214.79	$291,259,066
Projected Risk Adjustments PMPM			0.00	0
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$214.79	$291,259,066
Projected ACA reinsurance recoveries, net of rein prem, PMPM			15.66	21,234,960
Projected Incurred Claims			$199.13	$270,024,106
Administrative Expense Load		16.20%	43.21	58,596,862
Profit & Risk Load		2.99%	7.98	10,824,333
Taxes & Fees		6.18%	16.49	22,362,619
Single Risk Pool Gross Premium Avg. Rate, PMPM			$266.82	$361,807,920
Index Rate for Projection Period			$330.45	
% increase over Experience Period			43.68%	
% Increase, annualized:			19.87%	
Projected Member Months				1,356,000

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Product-Plan Data Collection

Company Legal Name:	**BCBST**	State:	**TN**
HIOS Issuer ID:	**14002**	Market:	**Individual**
Effective Date of Rate Change(s):	**1/1/2014**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		Marketplace Bronze												
Product ID:		14002TN032												
Metal:		Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver
AV Metal Value		0.615	0.592	0.615	0.618	0.615	0.592	0.615	0.618	0.708	0.681	0.682	0.682	0.699
AV Pricing Value		0.344	0.298	0.330	0.319	0.391	0.339	0.376	0.363	0.455	0.419	0.388	0.439	0.439
Plan Type:		PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name		BlueCross Bronze B01E	BlueCross Bronze B02E	BlueCross Bronze B03E	BlueCross Bronze B04E	BlueCross Bronze B01S	BlueCross Bronze B02S	BlueCross Bronze B03S	BlueCross Bronze B04S	BlueCross Silver S01E	BlueCross Silver S02E	BlueCross Silver S04E	BlueCross Silver S07E	BlueCross Silver S08E
Plan ID (Standard Component ID):		14002TN0320005	14002TN0320006	14002TN0320007	14002TN0320008	14002TN0320001	14002TN0320002	14002TN0320003	14002TN0320004	14002TN0330011	14002TN0330012	14002TN0330013	14002TN0330014	14002TN0330015
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2		0.00%												
Historical Rate Increase - Calendar Year - 1		0.00%												
Historical Rate Increase - Calendar Year 0		0.00%												
Effective Date of Proposed Rates		1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		0.00%												

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	14002TN0320005	14002TN0320006	14002TN0320007	14002TN0320008	14002TN0320001	14002TN0320002	14002TN0320003	14002TN0320004	14002TN0330011	14002TN0330012	14002TN0330013	14002TN0330014	14002TN0330015
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	$266.82	$187.35	$162.38	$179.84	$173.90	$213.37	$184.94	$204.83	$198.07	$248.38	$228.70	$211.63	$239.54	$239.11
Projected Member Months	1,356,000	26,195	26,194	26,195	26,195	68,724	68,724	68,724	56,724	14,969	14,970	14,969	14,969	14,969

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	14002TN0320005	14002TN0320006	14002TN0320007	14002TN0320008	14002TN0320001	14002TN0320002	14002TN0320003	14002TN0320004	14002TN0330011	14002TN0330012	14002TN0330013	14002TN0330014	14002TN0330015
Average Rate PMPM	$185.70													
Member Months	512,772													
Total Premium (TP)	$95,222,479	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]	0.00%													
state mandated benefits portion of TP that are other than EHB	0.00%													
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	$108,747,114													
EHB basis or full portion of TAC, [see instructions]	100.00%													
state mandated benefits portion of TAC that are other than EHB	0.00%													
Other benefits portion of TAC	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:	$39,642,275													
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$69,104,839	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein	$0.00													
Net Amt of Risk Adj	$0.00													
Incurred Claims PMPM	$134.77	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	$212.08	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	$212.08	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

:tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	14002TN0320005	14002TN0320006	14002TN0320007	14002TN0320008	14002TN0320001	14002TN0320002	14002TN0320003	14002TN0320004	14002TN0330011	14002TN0330012	14002TN0330013	14002TN0330014	14002TN0330015
Average Rate PMPM	$266.82	$187.35	$162.38	$179.84	$173.90	$213.37	$184.94	$204.83	$198.07	$248.38	$228.70	$211.63	$239.54	$239.11
Member Months	1,356,000	26,195	26,194	26,195	26,195	68,724	68,724	68,724	56,724	14,969	14,970	14,969	14,969	14,969
Total Premium (TP)	$361,807,512	$4,907,505	$4,253,395	$4,710,969	$4,555,397	$14,663,957	$12,709,916	$14,076,694	$11,235,051	$3,717,983	$3,423,573	$3,167,952	$3,585,739	$3,579,307
EHB basis or full portion of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$425,996,026	$12,215,549	$12,215,549	$12,215,549	$12,215,549	$12,215,549	$12,215,549	$12,215,549	$12,215,549	$7,697,017	$7,697,017	$7,697,017	$7,697,017	$7,697,017
EHB basis or full portion of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	$156,980,712	$6,168,852	$6,168,852	$6,168,852	$6,168,852	$6,168,852	$6,168,852	$6,168,852	$6,168,852	$2,693,956	$2,693,956	$2,693,956	$2,693,956	$2,693,956
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$269,015,314	$6,046,697	$6,046,697	$6,046,697	$6,046,697	$6,046,697	$6,046,697	$6,046,697	$6,046,697	$5,003,061	$5,003,061	$5,003,061	$5,003,061	$5,003,061
Net Amt of Rein	$21,234,960	$410,214	$410,198	$410,214	$410,214	$1,076,218	$1,076,218	$1,076,218	$888,298	$234,415	$234,430	$234,415	$234,415	$234,415
Net Amt of Risk Adj	$0													

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations	

Section I: General Product and Plan Information

Product	Marketplace Silver							
Product ID:	14002TN033							
Metal:	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver
AV Metal Value	0.684	0.703	0.690	0.720	0.688	0.708	0.681	0.682
AV Pricing Value	0.404	0.472	0.464	0.497	0.406	0.519	0.478	0.442
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	BlueCross Silver S09E	BlueCross Silver S11E	BlueCross Silver S12E	BlueCross Silver S14E	BlueCross Silver S16E	BlueCross Silver S01S	BlueCross Silver S02S	BlueCross Silver S04S
Plan ID (Standard Component ID):	14002TN0330016	14002TN0330017	14002TN0330018	14002TN0330019	14002TN0330020	14002TN0330001	14002TN0330002	14002TN0330003
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	0.00%							
Historical Rate Increase - Calendar Year - 1	0.00%							
Historical Rate Increase - Calendar Year 0	0.00%							
Effective Date of Proposed Rates	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %	0.00%							

Section II: Components of Premium Increase (PMPM D

Plan ID (Standard Component ID):	14002TN0330016	14002TN0330017	14002TN0330018	14002TN0330019	14002TN0330020	14002TN0330001	14002TN0330002	14002TN0330003
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	$220.30	$257.25	$252.98	$270.84	$221.53	$282.89	$260.47	$241.04
Projected Member Months	14,969	14,969	14,969	14,969	14,969	38,806	38,805	38,806

:tion III: Experience Period Information

Plan ID (Standard Component ID):	14002TN0330016	14002TN0330017	14002TN0330018	14002TN0330019	14002TN0330020	14002TN0330001	14002TN0330002	14002TN0330003
Average Rate PMPM								
Member Months								
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]								
state mandated benefits portion of TP that are other than EHB								
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)								
EHB basis or full portion of TAC, [see instructions]								
state mandated benefits portion of TAC that are other than EHB								
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:								
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein								
Net Amt of Risk Adj								

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

:tion IV: Projected (12 months following effective date

Plan ID (Standard Component ID):	14002TN0330016	14002TN0330017	14002TN0330018	14002TN0330019	14002TN0330020	14002TN0330001	14002TN0330002	14002TN0330003
Average Rate PMPM	$220.30	$257.25	$252.98	$270.84	$221.53	$282.89	$260.47	$241.04
Member Months	14,969	14,969	14,969	14,969	14,969	38,806	38,805	38,806
Total Premium (TP)	$3,297,670	$3,850,849	$3,786,871	$4,054,194	$3,316,136	$10,977,764	$10,107,550	$9,353,736
EHB basis or full portion of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$7,697,017	$7,697,017	$7,697,017	$7,697,017	$7,697,017	$7,697,017	$7,697,017	$7,697,017
EHB basis or full portion of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	$2,693,956	$2,693,956	$2,693,956	$2,693,956	$2,693,956	$2,693,956	$2,693,956	$2,693,956
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0
insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$5,003,061	$5,003,061	$5,003,061	$5,003,061	$5,003,061	$5,003,061	$5,003,061	$5,003,061
Net Amt of Rein	$234,415	$234,415	$234,415	$234,415	$234,415	$607,702	$607,686	$607,702
Net Amt of Risk Adj								